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PARLIAMENT OF TASMANIA.

DEPARTMENT OF HEALTH SERVICES

REPORT FOR THE YEAR ENDED 30TH JUNE, 1957.

Presented to both Houses of Parliament by His Excellency's Command

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Report of the Department of Health Services for the Year Ended 30th June, 1957

Department of Health Services,
Hobart, 19th November, 1957.

The Hon. the Minister for Health.

SIR,

I HAVE the honour to present the Report of the Department of Health Services for the period 1st July, 1956, to 30th June, 1957.

I desire to acknowledge with appreciation the co-operation of the Directorate whose reports are submitted separately under the various sections, set out as under:—

Section I.—Report of Division of Hospital and Medical Services.

Section II.—Report of Division of Public Health.

Section III.—Report of Division of Tuberculosis.

Section IV.—Report of Division of Mental Health.

Section V.—Vital Statistics supplied by the Deputy Commonwealth Statistician.

DEPARTMENTAL REVENUE

The revenue for the year amounted to £375,998 which was £67,156 more than 1955-56. The items of revenue were:—

Department of Health Services	1955-56	1956-57
	£	£
Health Rates	13,973	15,338
Mothercraft Home	5,157	4,696
District Nursing	9,957	10,599
Government Analyst	888	535
Nurses Registration Fees	597	667
Pharmaceutical Benefits	30,595	52,054
District Medical Service	236	272
Nelumie Home	217	1,212
Other Fees and Licences	2,619	1,754
Red Cross Blood Transfusion	....	3,938
	£64,239	£91,065
Rent of Government Property	2584	2,329
Sale of Government Property	36	150
Other Sources	611	261
Refund of Bursaries	....	5,066
	£3,231	£7,806
Lachlan Park Hospital	13,546	11,911
Millbrook Psychopathic Home	9,863	15,588
Government Institution for Defectives	3,826	2,421
St. John's Park	63,181	71,207
Chest Hospitals	150,956	176,000
	£241,372	£277,127
	£308,842	£375,998

DEPARTMENTAL EXPENDITURE

The expenditure for the year from the Appropriation Act amounted to £2,841,721 which was an increase of £184,419 over 1955-56. The following table shows the cost of the various services operated by the Department over the past two years.

	1955-56	1956-57
	£	£
Hospital and Medical Services, Public Health and Mental Health	143,995	168,274
District Nursing	63,790	66,911
District Medical Service	66,454	70,755
St. John's Park	203,995	223,728
Grants to Hospitals	1,423,047	1,488,984
Child Health Service	62,828	63,672
School Medical and Dental Service	71,143	73,263
Government Analyst	16,442	17,248
Tuberculosis Division	56,115	55,238
Tasmanian Chest Hospital	80,858	96,082
Northern Chest Hospital	50,537	58,949
Nelumie Home	7,162	7,506
Lachlan Park	354,079	382,428
Millbrook Rise	26,298	25,237
Other Grants	30,559	43,446
	2,657,302	2,841,721

BUILDING PROGRAMME

Works Completed during the Financial Year:—

Royal Hobart Hospital.—Construction of nurses' home and medical officers' quarters at New Town Park.

Conversion of " Gattonside " into two flats.

Launceston General Hospital.—Construction of Peter MacCallum Clinic.

Queen Victoria Maternity Hospital.—Construction of the G. T. Harris Wing.

Burnie General Hospital.—Construction of Reeve Bequest Clinic.

Lachlan Park.—Construction of workshop, boiler-house, kitchen, infirmary, laundry and dairy.

District Medical Service.—Construction of consulting rooms at Ellendale.

Child Health Service.—Construction of rooms at Montagu Bay, Lenah Valley and Launceston Centres.

District Nursing Service.—Staff quarters at St. Helens Centre.

Works in Progress at the end of the Year:—

Launceston General Hospital.—Building for cobalt unit.

Devon General Hospital.—Construction of new hospital at Latrobe.

Devonport.—Construction of medical centre.

King Island.—Construction of Nurses' home.

Colebrook.—Construction of consulting rooms.

Flinders Island.—Construction of new hospital at Whitemark.

Lachlan Park.—Construction of 6 chronic and epileptic blocks.

Purchase of Properties:—

Launceston.—House and land, 20 Lyttleton Street. The residence has been leased as an annexe to the St. Luke's (Church of England) Hospital. The land at the rear of the premises is reserved for Queen Victoria Hospital purposes.

Nos. 33 and 33A Frankland Street. Premises were acquired as quarters for the Launceston General Hospital.

Latrobe.—A residence in Percival Street, for medical officer's quarters.

Wynyard.—A residence in Jackson Street, for medical officer's quarters.

Queenstown.—A residence for Dental Officer's quarters.

Burnie.—An area, part of the "Acton" Estate, was purchased from the Housing Department as a site for the new hospital.

Derby.—Additions were being made to the District Medical Officer's residence to provide for consulting rooms. The additions and the residence were destroyed by fire during the contractual period. Plans have been prepared for the erection of a new residence and consulting rooms on the same property.

Public Health Committee

Following on a policy determined by the National Health and Medical Research Council a year or so back, when it was decided that the Public Health Committee of the Council should conduct one of its bi-annual meetings in each capital city, the November, 1956 meeting was held in Hobart. This Committee which is chaired by the Professor of Public Health, Sydney University (Professor E. Ford), is composed of the Directors-General of Health of each State of the Commonwealth, together with a senior member of the Commonwealth Health Services (Dr. C. E. Cook). The meeting was a most successful and happy one, and the members expressed their very genuine admiration for many of the activities being carried out by this Department.

Health Education Council

During the year 1956-57 the Health Education Council settled down to work out a new programme of health education in Tasmania. Since its formation, one of the prime objectives of the Council's programme of health education has been raising the standard of personal and community hygiene. In achieving this objective, it has had the support and the ready assistance of the Department of Health Services, Local Authorities and the community in general.

With Commander G. E. W. W. Bayly as Chairman and Mr. E. H. G. Matthews, the Departmental Public Relations Officer, as Secretary, the Council installed publicity matter in the trams and buses of Hobart, conducted a weekly column in the "Mercury" and published a monthly article in the Country Women's Journal. Two new pamphlets (Acne and Briar Berry) were produced.

In January Mr. Matthews was transferred to the Public Health Division and Mr. G. W. Burton of the Department of Health Services acted in the capacity of Public Relations Officer and Secretary of the Council for the remainder of the financial year. The Council embarked on a programme of visual health education and Mr. Burton visited many schools with a 16mm. projector and showed films on dental hygiene and various other health films to audiences of school children and parents and friends. At these film shows Mr. Burton and officers of the School Dental Service addressed the persons present and explained the importance of hygiene and the work of the Health Education Council. Appropriate films have been sent to the northern end of the Island for similar showing by Mr. Scott, Senior Dental Officer.

The Health Education Council also conducted a Slogan Competition. The aim of the competition was to bring the work of the Health Education Council under notice of a larger percentage of the community.

A new pamphlet on dental health was also designed during the latter part of the year.

The excellent publication on "Motherhood" came from the Printers towards the end of the financial year, and this has received favourable comments from the Medical Profession all over Tasmania.

The Council has decided to develop a vigorous campaign to educate parents and others responsible for the up-bringing of children with the need to cultivate safe habits and to teach and guide children in safe practices. Accidents, being preventable, should not be accepted as inevitable. Any campaign to prevent accidents will not only relieve much pain and anguish caused by permanent disabilities and loss by death, but could also make an appreciable difference in the operational cost of public hospitals.

The Council remembers that health education can be used in this way to relieve the ever increasing financial burden borne by the Government in providing and maintaining public health services.

Staff

Fortunately for the Department there have been no major changes during the year, although the Division of Public Health has been without the services of its Director since February. Dr. H. M. L. Murray was granted a World Health Organisation Fellowship, which has enabled him to tour the United States of America, the United Kingdom and certain countries in Europe. This is the first time a World Health Organisation Fellowship has been awarded to an officer of this Department, and we take pride in the fact that Dr. Murray's application was successful. During his absence, Dr. J. R. Macintyre has been Acting Director. In addition to these duties, he has carried on to a very great extent his own as Senior Medical Officer, and has therefore been a very hard worked officer. The thanks of the Department, and my own personal ones, go to him for so successfully carrying out these arduous duties.

Change of Titles

This year has seen the completion of the reorganisation of the Department regarding the redrafting of the constitution and titles of certain sections of it. First of all the title of "Department of Public Health" has now been superseded

by the "Department of Health Services". As pointed out previously, the object of this is to indicate more closely the great variety of activities of the Department. In order to be consonant with this new title, my own has been changed to Director-General of Health Services. The title of the "Division of Mental Hygiene" has been altered to that of "Mental Health", which I understand from the Director more closely approximates to modern practice, and is certainly a more appropriate description.

The two main services administered by the Department have had some changes.

In the Government Medical Service the medical practitioners are now designated District Medical Officers. Apart from the title being the one generally used in such a service, it prevents the use of the somewhat objectionable term "Government Doctor".

The various Nursing Services coming under the control of the Department have been grouped and re-arranged, and are now constituted as the "Tasmanian Nursing Service". This now comprises:—

(1) Hospital Nursing Service

(2) Government Nursing Service.

(3) Public Health Nursing Service.

(1) and (3) remain as before. (2) is now made up of:—

(*a*) District Nursing Centres Division

(*b*) Tourist Nursing Division

(*c*) District Nursing Visitors' Division.

Peter MacCallum Clinic

The construction of the Deep Therapy Treatment Clinic at the Launceston General Hospital is nearing completion, and it is hoped to open this new building before the end of the year. Another very large step forward in this work is also nearing completion with the recent delivery of a Theratron Cobalt Sixty Unit from Canada. This was purchased by the Government for the more efficient and advanced treatment of cancer. To house it, an additional suite has been added to the abovementioned new clinic. The complete Peter MacCallum Clinic at Launceston, when in full working order, will enable Tasmanians to receive the very latest in cancer treatment, which will be as advanced as anything obtainable on the mainland.

Specialist Services

The policy of making available Specialist Services to as widely spread out a population as possible is being vigorously pursued. During the year, we were fortunate in securing the services of Dr. J. H. Taylor as a Consultant Anaesthetist for North-West Coast Hospitals. Dr. Taylor was a Consultant Anaesthetist in London, and held a number of teaching appointments there. He has settled down with headquarters at Burnie, and has already vastly improved the lot of surgeons and patients on the North-West Coast. Directors of Anaesthesia were appointed at Royal Hobart and Launceston General Hospitals and experienced Specialists appointed. A second Orthopaedic Specialist (Dr. W. B. Law) took up duties at Royal Hobart Hospital under the Director of Orthopaedic Services (Dr. D. W. L. Parker), and also a Clinical Pathologist (Dr. R. S. Parsons) was appointed at the same hospital under the Director of Pathology (Dr. C. Duncan). The benefit from the appointment of all these Specialists during the year has already been felt both by members of the public and by the Specialist teams which they have joined.

Modified Obstetric Service

A scheme, whereby patients admitted to the Obstetric Wing of Royal Hobart Hospital can have their confinements conducted by their own private doctor, has been instituted. This innovation has proved to be popular both with patients and the profession.

Holiday Service

Means whereby relatives and friends, who undertake the care of old folk in their own homes, could obtain a fortnight's holiday per annum were put into effect. Arrangements have been made for the admission of such elderly persons to general hospitals for fourteen days. It is hoped that this will make a small contribution towards encouraging people to maintain their elderly friends and relatives in their own homes, rather than seek their admission to Government Institutions.

Cosgrove Park

Accommodation, largely in the way of twilight cottages, has been increased during the financial year. Great encouragement is being given by the Board of Management to the public to take an active interest in this institution. Chiefly by the energetic and active help given by the Apex Club of Launceston funds have been provided for the erection of a Bowling Club and Community Centre in the grounds. The Bowling Club has already started its activities, and work has commenced on the erection of the Club House and Pavilion. Residents of nearby suburbs and also residents of the institution join together to form the membership list. By this means, it is hoped to maintain active local interest in the institution, as well as provide for the residents normal enjoyments and activities which retired people should expect.

Finally, once more it is my very great pleasure to acknowledge with very sincere gratitude the conscientious work, loyalty and friendship of all officers of the Department. These qualities so strongly evidenced have made my work easy and pleasant, and I am most grateful.

I have, &c.,

JOHN EDIS, M.R.C.O.G. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.), M.R.S.H. (Lond.).

Director-General of Health Services.

Section 1—Report of Division of Hospital and Medical Services for the Year Ended, 30th June, 1957.

PUBLIC HOSPITALS (EXCLUDING CHEST AND MENTAL HOSPITALS).

Number of Patients.—During the financial year 1956-57 as compared with 1955-56, the number of general patients treated decreased by 1029 and maternity patients by 339 yhile infectious disease patients increased by 69 and patients in hospitals for the aged and invalid by 120.

The total patients treated was 33,808, an overall decrease of 1,179.

Bed-days.—For the year under review, as compared with 1955-56 the number of bed-days for general patients increased by 131, infectious disease patients by 1,625, and aged and invalid patients by 19,855 while maternity bed-days decreased by 4,321.

The total number of bed-days was 506,910, an overall increase of 17,290.

Although the number of general patients treated decreased there was not a corresponding decrease in the number of bed-days as the average length of stay for these patients increased by .53 days.

Births.—Births for the year totalled 7,272, a decrease of 254 compared with those for 1955-56.

Receipts.—Hospital revenue for the year was £2,451,011 and included patients' fees, donations and miscellaneous receipts totalling £578,766.

Commonwealth contributions in the form of hospital benefits and pharmaceutical benefits amounted to £254,377, while State aid was £1,617,868, an increase of £70,456 over 1955-56.

Payments.—Total payments were £2,454,988, an increase of £198,080 over expenditure for 1955-56. £1,606,770 or 65.45 per cent of the total expenditure was attributable to salaries.

Patients' Costs.—The average daily cost for in-patients for the 24 main hospitals as listed in Table A. was £4 16s. 10d., an increase of 5s. over 1955-56.

Out-patients costs per visit increased from 10s. 10d. in 1955-56 to 11s. 8d. in 1956-57.

Comparisons.—Comparisons and details of receipts and expenditure together with relevant percentages under the principal classifications are set out in Table A.

Patients' statistics follow in Tables B. and C.

TABLE A.

1956-57. *Public Hospitals—Summary of Receipts and Payments, Costs, &c., for Year Ended 30th June, 1957.*

No.	Hospital	Daily Average of Occupied Beds.	Balance at 1st July, 1956.		Maintenance Receipts.									Maintenance Payments (Net).							Balance at 30th June, 1957,		In-Patients' Cost.		Out-Patients' Cost.		No.
					Commonwealth Aid.			State Aid.	In-Patients' Fees.	Out-Patients' Fees.	Donations, &c.	Interest from Bequests.	Misc. Receipts.	Total Receipts.	Salaries and Wages.	Provisions.	Domestic.	Dispensary and Surgical.	Admin. and Misc.	Repairs.	Total Payments.			Per Daily Occupied Bed.	Per Patient.	Per Attendance.	Per Patient.	
			Debit.	Credit.	Hospital Benefits.	Pharmac'l. Benefits.	Total.														Debit.	Credit.					
			£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£ s. d.	£ s. d.	s. d.	£ s. d.	
	Base General Hospitals:																										
1	Royal Hobart	347.76	....	4,305	51,081	25,349	76,430	484,841	135,306	7,640	60	....	348	704,625	455,611	77,546	63,897	77,552	24,225	10,095	708,926	..	4	4 16 8	59 4 10	12 9	2 0 9	1
2	Lady Clark	25.48	....	1,795	1,518	....	1,518	5,300	15,559	594	....	....	....	22,971	14,103	5,517	2,777	543	1,202	354	24,556	..	210	2 6 9	48 2 4	9 2	6 3 11	2
3	Launceston General	236.20	....	435	38,546	12,715	51,261	371,465	83,739	6,829	....	....	968	514,262	344,827	48,768	44,525	46,539	18,289	11,106	514,054	....	643	5 2 5	81 8 9	11 3	2 12 5	3
	Totals	609.44	....	6,535	91,145	38,064	129,209	861,606	234,604	15,063	60	....	1,316	1,241,858	814,541	131,831	111,199	124,634	43,776	21,555	1,247,536	....	857	4 16 10	66 6 11	12 1	2 5 1	
	Regional Hospitals:																										
4	Burnie	48.47	237	....	7,189	945	8,134	63,335	27,820	942	13	....	241	100,485	69,081	9,282	8,100	10,219	2,678	911	100,271	23	....	4 17 5	38 17 8	12 4	1 5 5	4
5	Devon, Latrobe	56.64	....	140	8,998	1,279	10,277	109,156	26,204	271	97	72	257	146,334	95,514	15,367	13,222	10,394	5,170	1,117	140,784	..	5,690	6 11 2	77 15 1	9 0	0 15 6	5
6	Lyell, Queenstown	29.34	....	247	4,423	889	5,312	36,285	18,422	....	211	30	....	60,260	36,394	7,191	6,572	6,789	2,381	830	60,097	....	410	5 0 11	55 13 3	12 6	1 15 5	6
7	Spencer, Wynyard	40.55	....	579	7,094	906	8,000	44,184	16,968	....	....	....	....	69,266	48,021	6,744	6,218	5,666	2,097	1,388	70,134	289	....	4 12 4	57 8 8	11 4	1 5 11	7
	Totals	175.00	237	966	27,704	4,019	31,723	252,960	89,414	1,327	321	102	498	376,345	248,950	38,584	34,112	33,068	12,326	4,246	371,286	312	6,100	5 7 9	56 4 8	11 8	1 5 6	
	Maternity Hospitals:																										
8	Queen Alexandra, Hobart	46.19	..	4,287	6,683	....	6,683	14,020	42,430	....	5	....	....	63,138	38,471	10,539	8,982	1,982	2,127	3,399	65,500	....	1,925	3 12 9	40 14 6	7 9	1 11 10	8
9	Queen Victoria, Launceston	48.81	..	346	7,217	....	7,217	29,190	42,674	....	54	153	10	79,298	50,461	12,161	11,233	1,631	2,752	1,394	79,632	....	12	4 9 2	39 4 8	7 9	1 16 9	9
	Totals	95.00	..	4,633	13,900	....	13,900	43,210	85,104	....	59	153	10	142,436	88,932	22,700	20,215	3,613	4,879	4,793	145,132	....	1,937	4 1 2	39 17 4	7 9	1 13 2	
	Rural Hospitals:																										
10	Beaconsfield	21.41	....	118	3,707	558	4,265	12,742	7,637	....	20	61	....	24,725	16,024	2,831	2,283	1,989	593	830	24,550	....	293	3 2 3	35 1 1	..	..	10
11	Bowmont, Franklin	9.71	....	429	1,472	25	1,497	8,085	5,643	....	....	....	....	16,125	11,157	2,016	1,334	1,293	499	137	16,436	....	118	4 12 9	35 17 9	....	....	11
12	Campbell Town	13.63	....	..	2,280	284	2,564	19,566	5,511	....	31	....	16	27,688	16,988	3,531	3,486	2,264	971	448	27,688	..	....	5 11 3	46 4 6	..	....	12
13	King Island	7.49	261	..	1,100	309	1,409	13,000	4,072	....	22	....	91	18,594	11,082	1,658	2,183	939	1,043	521	17,426	....	907	5 19 6	38 1 7	8 4	0 17 5	13
14	Levenbank, Ulverstone	5.75	74	..	849	76	925	5,524	4,110	....	....	....	....	10,559	8,166	879	746	170	309	140	10,410	....	75	4 12 2	48 3 9	....	....	14
15	Meercroft, Devonport	10.18	....	7	1,509	66	1,575	10,934	7,184	....	10	....	26	19,729	13,649	2,151	2,816	343	580	326	19,865	129	....	5 6 10	54 8 6	....	....	15
16	New Norfolk	9.21	....	11	1,381	268	1,649	10,072	5,199	....	....	....	....	16,920	11,481	2,234	1,843	522	286	281	16,747	....	184	4 12 0	35 4 5	3 0	0 6 0	16
17	N. E. Soldiers' Memorial	18.49	..	419	2,966	611	3,577	19,869	8,100	54	....	23	64	31,687	22,636	2,098	3,552	1,401	1,401	762	32,450	344	....	4 16 1	44 13 8	....	....	17
18	Ouse	5.22	..	..	660	....	660	6,042	2,494	....	....	....	....	9,208	5,857	1,276	761	246	323	23	8,486	..	722	4 9 0	33 16 2	....	....	18
19	Rosebery	2.93	..	477	379	25	404	3,725	2,078	....	....	....	....	6,207	4,741	537	451	287	466	16	6,498	..	186	5 19 7	42 17 5	....	....	19
20	Quse	8.85	..	440	1,485	393	1,878	11,777	3,597	78	....	....	78	17,408	11,006	1,848	2,602	1,216	629	437	17,798	..	50	5 8 10	77 16 10	8 2	0 9 4	20
21	St. Marys	4.93	..	658	728	40	768	5,600	3,586	....	....	....	....	9,954	7,065	1,209	1,051	645	266	110	10,346	..	266	5 14 11	53 17 8	....	....	21
22	Smithton	11.30	..	801	1,963	481	2,444	11,789	4,153	46	34	692	....	19,158	14,144	2,283	1,797	693	452	489	19,858	..	101	4 15 8	57 6 10	13 4	0 13 4	22
23	Toosey Memorial, Longford	9.81	..	479	1,738	168	1,906	14,252	3,651	..	....	19	....	19,828	14,509	1,881	1,236	1,675	574	317	20,192	..	115	5 12 10	48 1 6	....	....	23
24	Ulverstone	18.75	....	319	2,752	433	3,185	14,337	9,892	20	....	31	....	27,465	15,645	3,238	2,987	3,459	1,179	424	26,932	..	852	3 13 3	65 8 9	8 10	1 1 0	24
	Zeehan	157.66	335	4,158	24,969	3,737	28,706	168,214	76,907	198	129	826	275	275,255	184,150	30,370	29,188	17,142	9,571	5,261	275,682	473	3,869	4 14 1	45 18 11	5 6	0 11 2	
	Totals	1011.62	572	16,292	157,718	45,820	203,538	1,325,990	486,029	16,588	569	1,081	2,099	2,035,894	1,336,573	223,485	194,714	178,457	70,552	35,855	2,039,636	785	12,763	4 16 10	57 13 6	11 8	1 19 3	
	Total Public Hospitals																										
25	District Nursing Centres (14)	11.44	....	....	1,729	545	2,274	34,186	7,308	354	....	....	....	44,122	30,044	3,781	4,838	2,548	1,591	1,320	44,122	....	....	7 9 8	52 3 6	9 6	0 14 0	25
	Hospitals for Care of Aged:																										
26	Cosgrove Park	111.81	....	16	11,296	....	11,296	75,660	4,069	....	....	....	138	91,163	59,579	11,622	16,780	927	838	1,153	90,899	..	286	2 2 4	472 10 2	..	..	26
27	St. John's Park	422.79	....	....	30,686	....	30,686	154,295	38,748	....	....	....	....	223,729	140,447	40,600	30,690	2,417	2,706	6,869	223,729	....	....	1 9 0	342 1 10	....	....	27
	Totals	534.60	....	16	41,982	....	41,982	229,955	42,817	....	....	....	138	314,892	200,026	52,222	47,470	3,344	3,544	8,022	314,628	..	280	1 11 9	370 12 1	..	..	
	Miscellaneous:																										
28	Peacock	15.20	....	557	2,454	....	2,454	2,950	7,452	....	14	34	....	12,904	9,883	1,642	866	270	397	345	13,403	..	58	2 8 3	28 9 1	..	..	28
29	Millbrook Rise Psychopathic Home	20.26	....	....	2,597	55	2,652	11,448	11,137	....	....	....	....	25,237	18,113	3,063	2,575	474	701	311	25,237	..	..	3 8 1	116 0 5	..	....	29
30	Mothercraft Home	11.37	....	....	1,477	....	1,477	13,339	3,146	....	....	....	....	17,962	12,131	2,534	2,195	130	206	766	17,962	..	..	4 6 7	124 14 9	..	....	30
	Totals	46.83	....	557	6,528	55	6,583	27,737	21,735	....	14	34	....	56,103	40,127	7,239	5,636	874	1,304	1,422	56,602	..	58	..	..	..	..	
	GRAND TOTALS	1629.97	572	16,865	207,957	46,420	254,377	1,617,868	557,889	16,942	583	1,115	2,237	2,451,011	1,606,770	286,727	252,658	185,223	76,991	46,619	2,454,988	785	13,101	....	....	....	....	

Comparison.

Year.	Commonwealth Aid.		State Aid.		Patients' Fees.		Donations, &c.		Interest from Bequests.		Miscellaneous Receipts.		Total Receipts	Salaries and Wages.		Provisions.		Domestic.		Dispensary and Surgical.		Admin. and Misc.		Repairs.		Total Payments.		Yearly Increase.	Cost per Daily Occupied Bed.	Cost per Out-patient Attendance.
	£.	%	£.	%	£.	%	£.	%	£.	%	£.	%	£.	£.	%	£.	%	£.	%	£.	%	£.	%	£.	%	£.	%	%	s. d.	s. d.
1953-54	228,208	= 12·99	1,240,611	= 70·62	274,344	= 15·61	5,019	= 0·28	1,590	= 0·08	7,296	= 0·42	1,757,068	= 100	1,091,735	= 63·96	226,668	= 13·28	162,799	= 9·54	140,036	= 8·21	56,238	= 3·29	29,332	= 1·72	1,706,808	= 100	9·30	66 1	8 9
1954-55	249,703	= 12·75	1,355,962	= 69·23	339,527	= 17·33	6,167	= 0·31	940	= 0·05	6,445	= 0·33	1,958,744	= 100	1,257,191	= 62·73	264,221	= 13·18	208,302	= 10·39	157,238	= 7·85	66,385	= 3·31	50,966	= 2·54	2,004,303	= 100	17·43	79 3	9 9
1955-56	252,221	= 11·23	1,547,412	= 69·12	427,120	= 19·08	7,081	= 0·32	1,100	= 0·05	4,017	= 0·20	2,238,951	= 100	1,436,185	= 63·64	281,027	= 12·45	240,167	= 10·64	183,068	= 8·11	71,094	= 3·15	45,367	= 2·01	2,256,908	= 100	12·6	91 10	10 10
1956-57	254,377	= 10·38	1,617,868	= 66·01	574,831	= 23·45	583	= 0·02	1,115	= 0·05	2,237	= 0·09	2,451,011	= 100	1,606,770	= 65·45	286,727	= 11·68	252,658	= 10·29	185,223	= 7·54	76,991	= 3·14	46,619	= 1·90	2,454,988	= 100	8.77	96 10	11 8

TABLE B.

General Statistics of Public Hospitals for Year Ended 30th June, 1957.

IN-PATIENTS

No.	Hospital	Average Daily No.	Beds Available: Non-Public: General	Beds Available: Non-Public: Maternity	Beds Available: Public: General	Beds Available: Public: Cots	Beds Available: Public: Maternity	Beds Available: Public: Infectious	Total Beds	No.	Number Treated: Non-Public: General	Number Treated: Non-Public: Maternity	Number Treated: Public: General	Number Treated: Public: Maternity	Number Treated: Public: Infectious	Total In-Patients	Bed Days: Non-Public: General	Bed Days: Non-Public: Maternity	Bed Days: Public: General	Bed Days: Public: Maternity	Bed Days: Public: Infectious	Total Bed Days	No.	Daily Average of Occupied Beds: Non-Public: General	Daily Average of Occupied Beds: Non-Public: Maternity	Daily Average of Occupied Beds: Public: General	Daily Average of Occupied Beds: Public: Maternity	Daily Average of Occupied Beds: Public: Infectious	Total Daily Average	No.	Average Length of Stay—Days: Non-Public: General	Average Length of Stay—Days: Non-Public: Maternity	Average Length of Stay—Days: Public: General	Average Length of Stay—Days: Public: Maternity	Average Length of Stay—Days: Public: Infectious	Average (Weighted) Stay	Births (Total Deliveries)	OUT-PATIENTS: Number Persons Registered	OUT-PATIENTS: Total Attendances	OUT-PATIENTS: Av. No. of Visits per Person Treated	No.
	Base General Hospitals:																																									
1	Royal Hobart (including Wingfield Home for Crippled Children)	347.76	..	..	331	64	64	11	470	1	..	..	8,685	1,593	78	10,356	..	..	109,387	15,785	1,760	126,932	1	..	..	299.69	43.25	4.82	347.76	1	..	..	12.59	9.91	22.56	12.26	1,045	46,832	149,830	3.20	1
		23.48	..	..	40	..	..	..	40	2	..	..	452	..	..	452	..	..	9,298	..	..	9,298	2	..	..	25.48	..	..	25.48	2	..	..	20.57	..	..	20.57	..	453	6,115	13.50	2
2	Lady Clark	236.20	..	..	266	49	..	18	333	3	..	..	5,382	..	40	5,422	..	..	85,497	..	716	86,213	3	..	..	234.24	..	1.96	236.20	3	..	..	15.88	..	17.90	15.90	..	22,406	104,261	4.65	3
3	Launceston General	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Totals	609.44	..	..	637	113	64	29	843		..	..	14,519	1,593	118	16,230	..	..	204,182	15,785	2,476	222,443		..	..	559.41	43.25	6.78	609.44		..	..	14.06	9.91	20.98	13.71	1,045	69,691	260,206	3.73	
	Regional Hospitals:																																									
4	Burnie	48.47	..	..	36	6	21	..	63	4	..	..	1,546	660	..	2,215	..	..	12,221	5,470	..	17,691	4	..	..	33.48	14.99	..	48.47	4	..	..	7.90	8.18	..	7.99	571	5,917	12,235	2.07	4
5	Devon, Latrobe	56.64	..	..	71	13	22	2	108	5	..	..	1,508	236	..	1,744	..	..	18,352	2,122	..	20,674	5	..	..	50.83	5.81	..	56.64	5	..	..	12.30	8.99	..	11.85	197	3,331	5,716	1.72	5
6	Lyell, Queenstown	29.34	..	..	46	..	14	..	60	6	..	..	818	153	..	971	..	..	9,150	1,560	..	10,710	6	..	..	25.06	4.28	..	29.34	6	..	..	11.18	10.20	..	11.03	139	3,403	9,657	2.84	6
7	Spencer, Wynyard	40.55	..	..	56	10	12	..	78	7	..	..	994	196	..	1,190	..	..	13,136	1,664	..	14,800	7	..	..	35.99	4.56	..	40.55	7	..	..	13.22	8.49	..	12.44	189	1,413	3,219	2.28	7
	Totals	175.00	..	..	209	29	69	2	309		..	..	4,866	1,254	..	6,120	..	..	53,059	10,816	..	63,875		..	..	145.36	29.64	..	175.00		..	..	10.90	8.62	..	10.44	1,096	14,064	30,827	2.19	
	Maternity Hospitals:																																									
8	Queen Alexandra, Hobart	46.19	..	35	..	..	14	..	49	8	..	1,193	..	312	..	1,505	..	13,165	..	3,693	..	16,858	8	..	36.07	..	10.12	..	46.19	8	..	11.04	..	11.83	..	11.20	1,309	283	1,165	4.12	8
9	Queen Victoria, Launceston	48.81	..	48	..	..	16	..	64	9	..	1,805	..	220	..	2,025	..	15,114	..	2,702	..	17,816	9	..	41.41	..	7.40	..	48.81	9	..	8.37	..	12.28	..	8.80	1,742	100	473	4.73	9
	Totals	95.00	..	83	..	..	30	..	113		..	2,998	..	532	..	3,530	..	28,279	..	6,395	..	34,674		..	77.48	..	17.52	..	95.00		..	9.43	..	12.02	..	9.82	3,051	383	1,638	4.28	
	Rural Hospitals:																																									
10	Beaconsfield	21.41	..	..	23	9	6	..	38	10	..	..	663	31	..	694	..	..	7,520	294	..	7,814	10	..	..	20.60	.81	..	21.41	10	..	..	11.34	9.48	..	11.26	30	..	..	..	10
11	Bowmont, Franklin	9.71	..	..	8	..	8	..	16	11	..	..	251	207	..	458	..	..	1,723	1,821	..	3,544	11	..	..	4.72	4.99	..	9.71	11	..	..	6.86	8.80	..	7.74	169	..	..	..	11
12	Campbell Town	13.63	..	..	17	4	8	..	29	12	..	..	475	124	..	599	..	..	3,883	1,093	..	4,976	12	..	..	10.63	3.00	..	13.63	12	..	..	8.17	8.81	..	8.31	126	..	..	..	12
13	King Island	7.49	..	..	6	2	4	2	14	13	..	..	341	88	..	429	..	..	1,853	881	..	2,734	13	..	..	5.08	2.41	..	7.49	13	..	..	5.43	10.01	..	6.37	89	1,249	2,615	2.09	13
14	Levenbank, Ulverstone	5.75	..	..	..	..	11	..	11	14	..	..	..	216	..	216	..	..	..	2,097	..	2,097	14	..	..	..	5.75	..	5.75	14	..	..	..	9.72	..	9.72	208	..	..	..	14
15	Meercroft, Devonport	10.18	..	..	..	..	17	..	17	15	..	..	..	365	..	365	..	..	..	3,716	..	3,716	15	..	..	..	10.18	..	10.18	15	..	..	..	10.18	..	10.18	306	..	..	..	15
16	New Norfolk	9.21	..	..	8	4	12	..	24	16	..	..	279	219	..	498	..	..	1,762	1,601	..	3,363	16	..	..	4.83	4.38	..	9.21	16	..	..	8.01	7.31	..	7.66	193	4,278	8,603	2.01	16
17	N.E. Soldiers' Memorial, Scottsdale	18.49	20	6	9	..	..	..	35	17	..	..	573	153	..	726	..	..	5,347	1,403	..	6,750	17	..	..	14.65	3.84	..	18.49	17	..	..	9.33	9.17	..	9.30	150	..	..	..	17
18	Ouse	5.22	2	1	10	..	..	..	13	18	..	..	79	172	..	251	..	..	567	1,339	..	1,906	18	..	..	1.55	3.67	..	5.22	18	..	..	7.18	7.78	..	7.59	130	..	..	..	18
19	Rosebery	2.03	4	1	4	..	1	..	10	19	..	..	86	65	..	151	..	..	520	549	..	1,069	19	..	..	1.43	1.50	..	2.93	19	..	..	6.05	8.45	..	7.08	59	..	..	..	19
20	St. Marys	8.85	6	1	6	..	..	..	13	20	..	..	159	67	..	226	..	..	2,817	714	..	3,231	20	..	..	6.89	1.96	..	8.85	20	..	..	15.83	10.66	..	14.30	61	441	506	1.15	20
21	Smithton	4.93	..	..	..	..	10	..	10	21	..	..	10	182	..	192	..	..	111	1,689	..	1,800	21	..	..	.30	4.63	..	4.93	21	..	..	11.10	9.28	..	9.37	172	..	..	..	21
22	Toosey Memorial, Longford	11.30	12	2	8	..	..	..	22	22	..	..	253	91	..	344	..	..	3,280	844	..	4,124	22	..	..	9.00	2.30	..	11.30	22	..	..	12.06	9.27	..	11.99	75	114	114	1.00	22
23	Ulverstone	9.81	20	2	..	..	..	..	22	23	..	..	419	..	1	420	..	..	3,349	..	39	3,579	23	..	..	9.70	..	.11	9.81	23	..	..	8.45	..	39.00	8.52	..	..	..	..	23
24	Zeehan	18.75	6	..	30	5	6	..	41	24	..	..	349	34	..	383	..	..	6,326	517	..	6,843	24	..	..	17.33	1.42	..	18.75	24	..	..	18.15	15.21	..	17.87	35	1,523	3,605	2.37	24
	Totals	156.66	..	..	156	37	119	2	314		..	..	3,878	2,014	1	5,893	..	..	38,949	18,558	39	57,546		..	..	106.71	50.84	.11	157.66		..	..	10.04	9.21	39.00	9.77	1,803	7,605	15,443	2.03	
	Total Public Hospitals	1,037.10	..	83	1,002	179	282	33	1,579		..	2,998	23,263	5,393	119	31,773	..	28,279	296,190	51,554	2,515	378,538		..	77.48	811.48	141.25	6.89	1,037.10		..	9.43	12.73	9.56	21.13	11.91	6,995	91,743	308,114	3.36	
25	*District Nursing Centres* (14)	11.44	..	..	14	..	40	..	54	25	..	..	254	355	..	609	..	..	1,302	2,945	..	4,247	25	..	..	3.57	8.06	..	11.63	25	..	..	5.13	8.30	..	6.97	277	17,653	25,943	1.47	25
	Miscellaneous:																																									
26	Pencock	15.20	..	..	18	..	..	..	18	26	..	..	471	..	..	471	..	..	5,549	..	..	5,549	26	..	..	15.20	..	..	15.20	26	..	..	11.78	..	..	11.78	..	..	..	..	26
27	Millbrook Rise Psychopathic Home	20.26	50	..	..	..	..	..	50	27	217	..	..	..	..	217	7,349	..	..	..	..	7,349	27	20.26	..	..	..	..	20.26	27	34.07	..	..	..	..	34.07	..	..	..	..	27
28	Mothercraft Home	11.37	..	..	4	21	..	..	25	28	..	..	144	..	..	144	..	..	4,150	..	..	4,150	28	..	..	11.37	..	..	11.37	28	..	..	28.82	..	..	28.82	..	..	..	..	28
	Grand Total	1,095.37	50	83	1,038	200	322	33	1,726		217	2,998	24,132	5,748	119	33,214	7,394	28,279	307,191	54,499	2,515	399,878		20.26	77.48	841.62	149.31	6.89	1,095.56		34.07	9.43	12.73	9.48	21.13	12.04	7,272	109,396	334,057	3.05	
	COMPARISONS																																									
	Year 1953–54	1,292.6	50	74	1,229	229	315	65	1,962		217	2,547	26,286	5,669	63	34,782	7,934	25,169	379,673	58,050	1,038	471,864		21.70	68.90	1,040.20	159.00	2.80	1,292.60		36.50	9.80	14.40	10.20	16.50	13.50	6,985	107,263	325,335	3.00	
	Year 1954–55	1,127.2	50	78	1,012	233	323	65	1,761		197	2,716	25,757	5,928	65	34,663	6,827	26,755	317,417	59,589	966	411,554		18.70	73.30	869.47	163.17	2.65	1,127.29		34.65	9.85	14.40	10.05	14.86	11.87	7,247	109,279	338,618	3.10	
	Year 1955–56	1,099.5	50	83	1,018	236	326	65	1,778		224	2,965	25,154	6,129	50	34,513	7,984	28,438	306,470	58,661	890	402,443		21.81	77.70	837.31	160.25	2.43	1,099.50		35.64	9.59	12.18	9.58	17.80	11.63	7,526	111,008	340,092	3.07	
	Year 1956–57	1,095.37	50	83	1,038	200	322	33	1,726		217	2,998	24,132	5,748	119	33,214	7,394	28,279	307,191	54,499	2,515	399,878		20.26	77.48	841.62	149.31	6.89	1,095.56		34.07	9.43	12.73	9.48	21.13	12.04	7,272	109,396	334,057	3.05	

Note.—The comparative figures for the year 1954–55 do not include figures in respect of homes for the care of the aged and invalid, whereas such figures were included in those shown for previous years. Statistics in respect of these hospitals are shown in Table "C".

TABLE C.

General Statistics of Hospitals for Care of Aged and Invalids for year ended 30th June, 1957.

No.	Hospital	Number Accommodated During Year			Bed-days			Average Length of Stay		
		General	Hospital	Total	Not qualified for Hospital Benefits	Qualified for Hospital Benefits	Total	General	Hospital	Total
1.	St. John's Park	181	473	654	76,486	77,832	154,318	422.57	164.55	235.96
2.	Cosgrove Park	62	121	183	11,612	29,200	40,812	187.29	241.32	223.02
	Total	243	594	837	88,098	107,032	195,130	362.54	180.19	233.13

No.	Hospital	Average Daily Number			Bed Accommodation Available			N
		General	Hospital	Total	General	Hospital	Total	G
1.	St. John's Park	209.55	213.24	422.79	244	253	497	
2.	Cosgrove Park	31.81	80.00	111.81	36	80	116	
	Total	241.36	293.24	534.60	280	333	613	

TABLE D.

Private Hospitals.

		Beds	
		General	Maternity
Licences issued—			
Hobart	1	....	3
Launceston	1	....	4
Country	3	8	10
Hospitals exempt from licence (section 54 (3))—			
Hobart	2	175	32
Launceston	2	82	....
	9	265	49

Hospital Boards

All Board appointments have been renewed for a further period of two years expiring on 30.6.58. There was one new Board constituted for the newly formed Hospitals District of Ouse. The Board was appointed as from 1st July, 1956, and the first meeting held on 28th August, 1956. The Ouse District Hospital was formerly the Ouse Bush Nursing Centre.

Hospital Auxiliaries Conference.

The third annual conference was held at Burnie on 19th and 20th September, 1956. The Hon. the Minister for Health, Dr. R. J. D. Turnbull, M.H.A., was unable to attend and sent his expressions of regret.

There was a good attendance of delegates representative of Auxiliaries of Hospitals constituted under the Hospitals Act 1918 and of the Chest Hospitals, Mental Health Hospitals, Homes for the Aged and District Nursing Centres.

Migrant Medical Practitioners

Of the four doctors undergoing training at the commencement of the financial year, two were successful in their examinations, making a total of nine doctors licensed to practise so far.

There have been two more trainees accepted, who have been posted to the Royal Hobart Hospital for twelve months' training before undergoing examination.

Under existing legislation, the final intake of trainees cannot be more than two in each of the years 1957 and 1958, as no more original licences can be granted after 1959.

Of the total number who have received licences, five have been granted full registration by the Medical Council after having practised for three years under special licence.

Government Nursing Service

District Nursing Centres Division

As from the 1st January, 1957, the name "Bush Nursing Service" was changed to that of "District Nursing Centres Division." It has now become a division of the newly formed Government Nursing Service which is made up of:—

(*a*) The District Nursing Centres Division;

(*b*) The Tourist Nursing Division; and

(*c*) The Division of District Nursing Visitors, which has not yet been established, but is expected to be in the near future.

The year began with 29 district nursing centres, which provided 70 beds for in-patients. On the 11th July, 1956, the Ouse Centre passed over to hospital board control, and on the 13th July the Sorell Centre was closed. This reduced the

number of available hospital beds by 16, leaving 27 centres, made up 14 hospital centres and 13 where outpatients only are treated and home visiting is carried out. The 14 hospital centres provide 54 beds for maternity, emergency and some general cases.

Outpatient, child health and school work continues to be carried out where required. In many centres Sisters have assisted doctors with the immunisation of children against poliomyelitis, diphtheria, tetanus and whooping cough, to a much greater extent than in previous years.

Due to shortage of relieving Sisters, some centres were closed temporarily during annual and sick leave of staff or in other cases of emergency; the centres affected being Tullah, Cape Barren Island, Southport, Westbury, Triabunna, Maydena, Redpa, Gladstone, Mole Creek and Lilydale. At Cygnet, St. Helens and Oatlands, admissions were restricted for a few weeks for the same reason.

Local committees continue to operate at Lilydale, Avoca, Rossarden, Storeys Creek and Waratah in the north; the two first-mentioned being local councils and the others medical unions. Other medical unions at Grassy, Strahan and Tullah function in an auxiliary capacity to the Department. Tullah handed its local control over to the Department on the 1st July, since when extensions and repairs to the building have been carried out, and extra equipment provided.

Extensions and renovations were carried out at Waratah, Swansea, Alonnah, Cape Barren Island, Redpa, Grassy and St. Helens. When the air strip at Cape Barren Island is completed, patients will be able to be transferred to hospital at Flinders Island or Launceston by air, which will be much simpler and more comfortable than the present rough and uncomfortable boat journey. A district hospital is to be built at Whitemark, Flinders Island, in the near future, to replace the present old building, and the residence at Maydena is to be exchanged shortly for one now owned by the Australian Newsprint Mills and located near the surgery and clinic rooms.

With the generous help given by some philanthropic bodies and individuals, the Department has been able to provide and maintain some of the most modern articles of equipment at the centres. These amenities, and a bonus scheme recently introduced for Sisters in the most isolated places, have helped to make country conditions more comfortable and attractive for patients and staff. Electric autoclaves in particular have proved a great boon. This is an expensive item of equipment but, with the continued assistance of the British Red Cross Trust Fund, the Department hopes in time to be able to provide one in each centre.

The invaluable assistance given by auxiliaries and other organisations has been greatly appreciated. The Department wishes to thank particularly the Northern Division of the Bush Nursing Association and its local committees, the British Red Cross Trust, local auxiliaries, medical unions, Country Women's Association branches, local young people's movements, Apex Club and Red Cross branches. These have all helped in many different ways by donating amenities to supplement the standard equipment provided by the Department.

A Summary of work performed, together with comparative figures for the last five years, is contained in Table E.

Tourist Nursing Division

Formerly known as the Tourist Nursing Service and under the control of the Public Service Commissioner, from the 1st July, 1957, this has become the Tourist Nursing Division, a division of the Government Nursing Service, directly administered by the Department of Health Services.

Members attached to this staff have continued to supplement country hospital staffs for short-term periods, including annual and sick leave and other emergencies. Each appointment is limited normally to two months' duration. In this way nursing sisters from other states and countries are enabled to travel round and see as much as possible of Tasmania. The Department and hospital boards find the Tourist Nursing Division an invaluable source of supply in nursing shortage emergencies, as it prevents the temporary closure or partial closure of some smaller hospitals and district nursing centres.

At their own wish, sisters of this staff have sometimes resigned after a time to accept more settled posts at one of the hospitals where they have previously relieved. Such action is encouraged, and is always carried out with the entire approval of the authorities.

During the year under review, 44 appointments were made, and there were 36 resignations—a considerable increase on the previous year's figures. The average number employed at one time was between 10 and 12, and the length of service given by each sister was usually six months. At the 30th June, 1957, there were 8 remaining on the staff.

TABLE E.

Annual Summary of Work Performed in the District Nursing Centres Division, July, 1956 to June, 1957.

Name of Centre	No. of Hospital Beds	Visits to Centre	Visits to Patients	Hospital Bed-days	Maternity Patients	Pre-Natal Visits	Child Health Visits	School Visits	Mileage	Fees Earned £	s.	d.
Southern—												
Alonnah, Bruny Island	2	707	110	41	1	27	502	10	814	41	10	8
Cygnet	5	3,897	1,088	461	24	177	11	2	5	682	4	8
Dover	5	206	1	491	18	156	73	4	10	597	11	6
Koonya, Tas. Peninsula	5	662	3	413	13	31	679	3	7,234	642	12	10
Maydena	Nil	3,311	111	....	...	78	55	....	71	49	3	6
Oatlands	5	3,325	4	290	15	127	492	....	....	438	3	6
Ouse	12	185	1	74	3	5	7	....	170	74	16	6*
Sorell	4	90	....	....	....	....	....	..	....	3	15	6†
Southport	2	470	60	3	1	3	42	....	72	4	12	6‡
Strahan	Nil	2,139	887	....	..	163	292	3	5,172	56	0	6
Swansea	4	4,153	33	163	17	116	306	....	42	298	2	2
Triabunna	3	2,200	88	159	15	161	540	4	692	330	10	8
Totals (12)	47	21,345	2,386	2,095	107	1,044	2,999	26	14,282	3,219	4	6
Northern—												
Avoca	Nil	1,483	76	....	....	95	319	....	558	42	6	10
Cape Barren Is.	1	703	116	2	....	12	27	3	148	10	0	0
George Town	5	2,896	656	430	52	234	180	8	5	675	0	4
Gladstone	Nil	3,401	670	....	....	182	511	6	5,799	62	14	1
Grassy, King Island	Nil	8,029	712	.	.	234	1,664	....	5,803	233	8	2
Lilydale	Nil	820	877	.	.	18	358	....	4,844	270	1	9
Mole Creek	Nil	1,408	423	.	.	46	501	18	3,858	83	16	8
Redpa	Nil	1,619	976	.	.	26	541	15	4,734	46	0	10
Ringarooma	Nil	2,635	165	.	.	73	349	.	938	100	7	0
Rossarden	Nil	5,053	1,996	...	....	610	1,179	...	7,975	51	18	7
St. Helens	4	53	1	326	24	183	421	.	...	597	11	0
Sheffield	5	16	....	667	49	2	....	.	.	1,278	7	2
Storeys Creek	Nil	1,875	905	.	...	4	177	..	1,968			
Tullah	Nil	742	189	...	.	3	21	17	152	20	8	6
Waratah	Nil	755	448	....	..	5	259	7	3,684		...	
Westbury	3	38	20	146	10	4	1	.	..	155	18	0§
Whitemark, Flinders Is.	5	467	..	545	26	13	303		....	641	7	8
Totals (17)	23	31,993	8,230	2,116	161	1,744	6,811	74	40,466	4,269	6	7
Grand Tls. (29)	70	53,338	10,616	4,211	268	2,788	9,810	100	54,748	7,488	11	1

* Transferred to Hospital Board Administration, 11.7.57.

† Closed, 13.7.56.

‡ Open 7 months only.

§ Open 9 months only.

Comparative Figures for Five Years, 1952-53 to 1956-57.

Year	Total No. of Centres	No. of Beds	Visits to Centre	Visits to Patients	Hospital Bed-days	Maternity Patients	Pre-Natal Visits	Child Health Visits	School Visits	Mileage	Fees Earned £	s.	d
1952-53	25	54	45,825	9191	4920	330	2812	7799	114	51,484	3,636	14	8
1953-54	27	57	45,081	9755	4369	290	2596	8888	92	58,374	5,650	8	3
1954-55	26	53	49,075	10,056	4828	311	3453	9519	132	56,285	5,946	2	8
1955-56	29	70	51,952	8565	5940	371	3565	9282	104	49,804	8,572	19	4
1956-57	29	70	53,338	10,616	4211	268	2788	9810	100	54,748	7,488	11	1*

* 27 Centres 11 months of year.

TABLE F.

Summary of the work performed by District Medical Officers and cost of District Medical Services during the year ended 30th June, 1957.

Municipality	Date of Commencement of service in District	Number of attendances upon patients, showing location of attendance (excluding Workers' Compensation cases, which are shown separately)			Number of Workers' Compensation Cases	Total of all attendances	Mileage Covered	Cost for the Year to Nearest £
		Residence	Surgery	Total				
Bruny Island	1.3.38	867	264	1,131	1	1,132	8,702	1,490
Esperance	11.3.38	1,799	3,140	4,939	82	5,021	10,921	3,848
Evandale	1.7.47	2,150	4,963	7,113	177	7,290	8,953	3,269
Flinders Island	1.5.38	1,029	2,149	3,178	126	3,304	8,628	4,811
Glamorgan and Spring Bay ..	18.5.38	790	2,177	2,967	25	2,992	10,685	3,917
George Town	5.1.40	868	6,218	7,086	904	7,990	7,958	3,516
Hamilton	1.5.38	1,226	6,405	7,631	187	7,818	12,678	4,151
Kingborough	1.3.38	2,082	8,786	10,868	185	11,053	13,246	5,752
King Island	1.9.38	514	7,181	7,695	310	8,005	11,321	3,234
New Norfolk	9.8.46	1,524	10,042	11,566	365	11,931	13,140	5,903
Penguin	13.7.38	896	7,479	8,375	104	8,479	7,160	3,428
Port Cygnet	1.7.40	2,213	3,706	5,919	217	6,136	8,668	3,415
Portland	14.6.39	3,106	4,198	7,304	90	7,394	8,403	3,267
Richmond	6.8.52	1,190	2,695	3,885	9	3,894	7,161	2,362
Ringarooma	1.1.40	707	3,830	4,537	211	4,748	12,367	3,836
Scottsdale	5.8.39	1,658	9,200	10,858	345	11,203	8,697	4,471
Sorell	1.12.38	1,183	5,525	6,708	29	6,737	9,204	3,408
Tasman	21.4.38	1,252	2,580	3,832	75	3,907	11,306	3,926
TOTAL		25,054	90,538	115,592	3,442	119,034	179,198	68,004

APPENDIX I.

REPORT OF THE DIRECTOR OF ORTHOPAEDIC SERVICES FOR THE YEAR ENDED 30th JUNE, 1957.

Accidents and Injuries.

1. *Road accidents.*—These continue to form the large majority of patients that are admitted to our hospitals. It is not perhaps realised that the number of those killed and incapacitated, as the result of road accidents—since the war—far exceeds the last war casualties. Apart from the call made on hospitals for treatment, these patients present problems of—

(1) Long hospitalisation as the result of the type of injury with call on hospital beds.

(2) Tedious and prolonged convalescence often involving ancillary professional aid such as psysiotherapy and occupational-therapy.

(3) Training for some entirely different occupation when treatment has been completed. This problem is the greatest the community has to face today. I feel that there must be no let up in the campaign to prevent such accidents by suitable road safety campaigns and prevention measures generally.

2. *Industrial accidents.*—It is noticeable that a large proportion of these accidents occurs among the new Australians. Here also I feel that the prevention angle should be stressed and that adequate steps should be taken to ensure that these people are properly instructed so that such hazards can be avoided.

3. *Occupational Hazards.*—There is no doubt that the number of lumbar disc protrusions which occurs from improper lifting is on the increase.

I consider that here again prevention should be stressed and that if possible a suitable illustrated poster should be produced for issue to large industrial undertakings where employees are subject to this hazard. Something akin to that issued on hydatid diseases by the Department would be admirable. Perhaps some large employers of labour and insurance companies could be induced to defray part of the cost of production.

Rehabilitation.

Our Rehabilitation Centre at Claremont continues to do excellent work and is being increasingly used by patients from all parts of the Island. A great number of the patients is the financial responsibility of the Commonwealth Rehabilitation Service.

It is interesting to note that some of the larger mainland hospitals are now getting their own rehabilitation centres. However, the Lady Clark Centre caters only for men and consideration must be given in the future to its expansion so that women patients are also catered for. This brings up the problem of an Orthopaedic Centre for the future.

In the past Wingfield has catered for both women and children. In time this centre will need to be rebuilt and the problem of the site and provision of adequate type of building will have to be faced; this is discussed later in the report.

There is a close liaison with the Commonwealth Rehabilitation Service and it is producing excellent results. Patients are being trained for other employment, rendered necessary by the degree of disability, while treatment continues. This is of great psychological value. Another excellent feature is the rehabilitation training of the crippled children, this is being undertaken for children with crippling deformities. We are working in close conjunction with the Crippled Children's Societies of the North and South and the Commonwealth Rehabilitation Service. The result is that a child receives a suitable education for employment which his disability restricts him to. This is continuing the work which had been carried on very successfully by the Crippled Children's Society.

Treatment of Cerebral Palsy.

Dr. Young has had compassionate leave for the past six months but I am glad to say is now about to resume duty once again.

The treatment of these children has been carried on at Wingfield and St. Giles by an able and experienced staff of psysiotherapists. Fortunately there is not a great number of new cases, in fact the statistics on a population basis are given as: 7 per 100,000. Thus Tasmania can expect to have 22 new cases each year and of these 22, 14 will respond to treatment, the remaining 8 will be mentally retarded.

Accommodation for treatment.—At the present time these are being treated (1) at St. Giles in the north, where further additions have been completed, the facilities here are really excellent and (2) in the south the facilities at Wingfield are adequate with the exception of a school room for the out-patients. The Spastic Association is raising funds and proposes to erect this. However, should it be decided to erect a new Wingfield in the near future, this money could well be directed into the building fund for the new building.

The present schoolroom is a temporary wooden structure and could be used for some time yet.

Infantile Paralysis.

I am glad to report that the out-break of infantile paralysis during the past year was of small proportions only. The feature was the age groups attacked. There were mainly two groups—

(1) Very young children under the age of 3 years.

(2) Adults.

It is hoped that after the community has been successfully immunised the story will be the same as with diphtheria, almost complete elimination of this crippling disease.

Surgical Tuberculosis.

Here again I am glad to report that this is a steadily diminishing disease in the community. A feature is the fact that there is but one child under treatment and here there is a history of contact through the parents.

This decline in bone and joint tuberculosis is a reflection of the successful progress of the campaign to combat tuberculosis which is being carried out in the community.

Splints.

The staffs of the splint-shops of both Hobart and Launceston are at full strength and the splints are now supplied without undue delay. These splints in the past have been supplied free. However, I feel that a charge could be made to those that can pay for these. Some are quite costly to make and I consider that many patients would be glad to contribute something towards their cost.

Also I would suggest that such splints which are used only for a time, such as a caliper, should be issued for a nominal charge, which could be refunded on return as is the case with crutches.

Artificial Limbs.

I am glad to be able to report that the Repatriation limb factory will now make limbs for civilians. This is a great advantage.

(1) The price is much lower than those supplied from Great Britain.

(2) The quality is good.

(3) The patient is ensured of proper fit and can take the limb back and have it adjusted if necessary.

Training of Splintmakers.

I have brought this matter up in previous reports. I am glad to say that the matter has been taken up by the Crippled Children's Society of Australia and I trust that some lead will come from them. I feel that this craft should be put on a firm basis and apprentices trained, as in any other skilled occupation. In the past the training and qualifications have been entirely haphazard.

Travelling.

Launceston and the north-west coast have been visited at three monthly intervals, Queenstown, at approximately four monthly intervals. When visiting Launceston and the north-west coast I have taken the opportunity to review old cases, of one class of case. These have proved most instructive and I have taken the opportunity to use these as a basis for teaching. This has been appreciated by those taking part. Apart from these, difficult and problem cases have been seen and treatment and management discussed with those in charge. Also opportunity has been taken to carry out the more difficult and rarer types of operative procedures as demonstrations. Apart from that, out-patients have been seen in consultations.

Report on Professional Work in the Hospitals.

Launceston.—Once again I have to report on the splendid work being carried out in this hospital by Mr. Hogg. The major surgery of the North and North-west continues to be carried out here, where better technical equipment exists. Patients, however, are often transferred back to the Burnie and Devon hospitals for convalescence.

Devon Hospital.—The immediate traumatic work carried out at this hospital by Dr. Ferris is of a very high standard. He is keenly interested in this work and received an excellent training in this type of surgery during the war.

Burnie and Wynyard.—Here again the immediate traumatic work of Dr. O'Brien is excellent. He is keenly interested in this work and also received his training in war surgery. However, I do consider that on principle all accidents in the Burnie-Wynyard area should be dealt with at one hospital and consider that they should be treated in centre (Burnie). I quote from last year's report—

"During the last year I suggested that it was desirable that all accident work should be dealt with at the Burnie Hospital. I drew attention to this in my last report. I consider that it is better to segregate these accidents in one hospital. The immediate resuscitation of the severely shocked requires a staff trained in this work with adequate supplies of blood &c., and a resident medical staff on continuous duty. After immediate operative treatment they could be transferred back to the Spencer Hospital to convalesce. Continuity of control I consider essential. The other principle I consider is segregation of cases to where the best facilities are available."

This has been discussed with Dr. O'Brien and he is in full agreement with the proposals and will take steps to see that this is carried out.

Specialist Anaesthetist to the North-West Coast.—The appointment of this specialist will enable more operations of a major nature to be undertaken on the North-west coast.

On my last visit I was able to carry out several major operations successfully which could not have been undertaken previously.

Over a period of time I consider that more major orthopaedic surgery will be able to be carried out at both the Devon and Burnie Hospitals.

Hobart.—Since October last year I have had as my assistant Dr. W. B. Law. By a coincidence Dr. Law received part of his training under an old colleague of mine at Liverpool, Mr. Eric Wardle.

He has proved a most capable and willing assistant and has relieved me of a great deal of the burden of routine work, which had grown in the past few years to an almost impossible degree. His appointment will ensure continuity of a trained and experienced surgeon when the time comes for me to retire.

Following are the number of attendances at the traumatic and orthopaedic clinics in Hobart, for the past year—

	Fracture Clinics	Orthopaedic	Physiotherapy R.H.H.
1956:			
July	1,003	187	88
August	735	79	70
September	624	219	62
October	713	182	49
November	459	293	38
December	478	169	49
1957:			
January	516	185	45
February	569	238	64
March	611	229	66
April	659	258	66
May	651	285	69
June	646	256	55
	7,664	2,580	721

The toal number of attendances at the Crippled Children's Orthopaedic Clinic from 1.4.56 to 31.3.57 was 1,421.

Centralisation of Treatment for Certain Type of Case.

Unfortunately with the increase in road accidents patients with paraplegia are becoming more common. These patients require intensive physiotherapy and careful nursing attention. With such treatment by modern methods it is possible to get these patients walking and able to care for themselves and to train them for certain employment.

The numbers are fortunately as yet small and in a state with a population the size of Tasmania would be best handled in one centre. Paraplegic patients have been successfully treated and restored back to society after treatment at Wingfield. I consider that this class of case would be better segregated in this centre where facilities could be developed for their treatment.

Orthopaedie Centre to Replace Wingfield House in the Future.

Thought must be given for the long term planning of a building to replace Wingfield in the future. At present this is fulfilling it's requirements admirably and will continue to do so for some years.

However, the site has never been entirely desirable for a children's hospital. In the past long-stay orthopaedic cases of both sexes and of both children and adults have been treated here.

I feel that to segregate children alone would not be warranted, as I do not consider there would be sufficient patients for many years to come, to warrant the basic staff.

I feel that an Orthopaedic Centre to cater for children and adults should be planned for when Wingfield has to be vacated.

A basic plan is required—

(1) An order of priority in the other medical buildings planned in the State, should be allocated.

(2) Close liaison between the various bodies concerned should be obtained. They are:

(1) Department of Health Services.
(2) Royal Hobart Hospital.
(3) The Crippled Children's Society.
(4) The Spastic Children's Association.

If there is a firm plan for rebuilding at a future date, then piece-meal additions to Wingfield will be avoided and any additions could be of a temporary nature only to carry over until the building is undertaken. Money raised by public subscription could thus be diverted to a rebuilding fund.

Aeeommodation for Crippled Children in the North.

St. Giles affords splendid accommodation for crippled children in the north. The recent additions will provide adequate accommodation for some time to come.

I consider that some thought should be given so that full use can be made of these splendid facilities. I consider that if accommodation were provided, other children could use these facilities, to convalesce after treatment in the Launceston Hospital. This might require additional staffing and closer liaison with the Launceston Hospital than exists at present.

As a long range plan long stay adult orthopaedic cases could perhaps be included. The treatment and facilities afforded are of a very high order and as at Wingfield I consider that an orthopaedic centre could be developed at that site.

In conclusion I would like to place on record my keen appreciation of the help which I have received from my Junior Medical colleagues, from the nursing, physiotherapy and lay staffs of the Hobart, Launceston, Burnie, Devon and Queenstown Hospitals and the Lady Clark Rehabilitation Centre.

D. W. L. PARKER,
M.B., B.S., F.R.A.C.S., C.R.M. (Orth.), Liv.
Director of Orthopaedic Services.

APPENDIX II.

REPORT OF THE DIRECTOR OF PATHOLOGY FOR THE YEAR ENDED 30th JUNE, 1957.

During the last twelve months, the demand for pathology tests in Tasmania has shown a considerable increase not only in the number of tests performed, but also in variety. It is felt that all reasonable requests for pathological investigations can now be met locally, though a few specialised tests, e.g., virus work, must still be sent away. We find that Mainland specialists are always anxious to help with our difficult problems.

Burnie.

This laboratory has now settled down and is being used extensively in the Burnie area. We would like to see it capable of performing all the work needed for the north-west coast area, but the distances concerned and the lack of a highly trained technician to carry on during Dr. Quinlan's absence make this difficult at present. Enquiry has been made in England for a suitable technician.

Launceston.

This laboratory is now in charge of Dr. Manoim who replaced Dr. Shoobridge. The Launceston Laboratory has always had a high reputation, and this is being maintained by Dr. Manoim and his assistants.

Hobart.

Owing to a pathologist not being available until near the end of 1956, the Hobart Laboratory was not working efficiently. However, with the arrival of Dr. Parsons and a well trained English technician, this laboratory is now functioning better than ever before. A very large amount of routine testing is done for the Royal Hobart Hospital, and research into some of the problems of blood chemistry is planned.

Pathology work in association with the Coroner is adequately covered in all places in Tasmania, and odd visits are paid when necessary to King and Flinders Islands.

The next Australian Medical Congress will be held in Hobart in April, 1958. This will put a big strain on all medical personnel in Tasmania, but we hope to be able to instruct and entertain the large number of visitors expected. The pathologists will be contributing to the lecture programme as well as staging scientific exhibits.

CAMPBELL DUNCAN,
Director of Pathology.

APPENDIX III.

NURSES' REGISTRATION BOARD—REPORT FOR THE YEAR ENDED 30th JUNE, 1957.

Personnel.

Dr. J. Edis, Chairman; Dr. C. Craig, Dr. J. M. Drew, Dr. C. Petrovsky, Miss J. O. Brown, Miss C. I. Skirving, Miss B. L. Campbell, Miss N. Winwood, Miss L. M. Zwar.

Meetings.

Six ordinary meetings have been held.

Legislation.

During this year the following legislation has been passed—

(1) To allow nurses to register at the age of twenty instead of twenty-one.

(2) To increase the length of Child Health training from four months to six months.

(3) To provide a special branch of training under the Tasmanian Auxiliary Nursing Service Act, to be known as the Geriatric Section.

Training Schools.

The number of training schools is as follows:—

General	10
Midwifery	5
Psychiatric	2
Child Health	2
Tuberculosis	1
Auxiliary nurses	4

Trainees.

1. Applications for training approved: 436.

General	230
Midwifery	108
Psychiatric	9
Child Health	28
Tuberculosis	5
Auxiliary	56

(Includes 32 in Geriatric Section.)

2. Commenced training: 446.

General	243
Midwifery	92
Psychiatric	26
Child Health	29
Tuberculosis	4
Auxiliary	52

(Includes 32 in Geriatric Section.)

3. Completed training: 211.

General	88
Midwifery	79
Psychiatric	1
Child Health	30
Tuberculosis	4
Auxiliary	9

4. Resigned before completion of training: 145,

General	118
Midwifery	12
Psychiatric	5

Child Health	
Tuberculosis	
Auxiliary	10

5. Total number in training on 30.6.57: 698.

General	490
Midwifery	83
Psychiatric	48
Child Health	9
Tuberculosis	3
Auxiliary	65

(Includes 32 in Geriatric Section.)

Examinations.

1. No educational examinations for intending trainees have been held this year.

2. Examinations for the registration of nurses:

Number held	3
Number of candidates	225
Number passed	210
Number failed	15

Details of results:

Subject	*Candidates*	*Passed*	*Failed*
General	88	86	2
Midwifery	82	78	4
Psychiatric	6	2	4
Child Health	30	30	....
Tuberculosis	4	4	..
Auxiliary	15	10	5

Registration.

1. Applications approved: 574.

General	343
Midwifery	175
Psychiatric	4
Child Health	28
Tuberculosis	5
Auxiliary	19

2. Registrations renewed: 1,764.

General	1,078
Midwifery	464
Psychiatric	63
Child Health	134
Tuberculosis	12
Auxiliary	13

Number of persons who renewed registrations: 1,188.

3. Total number of registrations current 30.6.57: 2,485.

General	1,478
Midwifery	724
Psychiatric	68
Child Health	170
Tuberculosis	19
Auxiliary	26

4. Number of persons on current register: 1,695. As follows:—

	Persons	*Registrations*
General	855	855
General and Midwifery	442	884
General, Midwifery and Child Health	147	441
Midwifery only	120	120
Psychiatric only	55	55
General and Psychiatric	7	14
General, Midwifery and Tuberculosis	2	6
Tuberculosis only	6	6
General, Midwifery, Child Health and Psychiatric	3	12
General, Midwifery, Child Health and Tuberculosis	1	4
General, Midwifery, Psychiatric and Tuberculosis	1	4
Midwifery and Child Health	3	6
General and Tuberculosis	6	12
Child Health	7	7
General and Child Health	9	18
General, Midwifery and Tuberculosis	3	9
General, Midwifery and Psychiatric	2	6
Auxiliary	26	26
Totals	1,695	2,485

Note.—Some nurses registered as Midwifery only; Child Health only; or Midwifery and Child Health, have been registered as general nurses, but general registration which was effected earlier has lapsed, and not been renewed, while those registrations effected later are still current.

5. Foreign trained nurses on current register: 10.

Austrian	1
Dutch	3
German	3
Polish	2
Swiss	1

Others have been registered but have now left the State. Four are in training schools, doing the prescribed period as fourth year trainees, prior to registration.

Post-Graduate Diplomas.

There are 14 nurses in the State who hold post-graduate diplomas, as follows:

Nursing Administration	3
Sister Tutor	2
Midwife Tutor	2
Ward Sister	4
Theatre Management & Teaching	3

Central Preliminary Training School.

Forty-four nurses have attended Preliminary Blocks at the school this year; 29 passed, 3 failed and 12 were still in the school on the 30.6.57.

Three second year blocks have been held and 28 nurses have attended.

Procedure Book.

The new edition of the book Technical Procedures in Hospitals was published during this year. This edition is in a slightly different form from previous ones and is proving a very useful reference book for ward staffs.

Foreign Trainees.

Five foreign girls were in training on the 30.6.57, 4 Indians from Fiji and one Tongan. They are experiencing some difficulty with their examinations, but have been successful in the preliminary stages of their training. There are also two Dutch girls in training, but they have come with their families and are living in Tasmania now.

Auxiliary Nurses.

More auxiliary nurses have been registered this year than in previous years, and most of them have remained on the staffs of country hospitals. The nurses, both male and female, at St. John's Park, all of whom have been on the staff for some time, have welcomed the introduction of a Geriatric Section under the Tasmanian Auxiliary Nursing Service Act, and 32 of them, 27 males and 5 females, have commenced this training.

Staff.

The staff position in the training schools has not altered very much this year. Most of the larger training schools have a full or almost full complement of trainees, but the smaller country hospitals are still short.

All hospitals have experienced shortages of trained staff at some periods of the year, especially the country ones.

JOHN EDIS, Chairman
L. H. SIDEBOTTOM, Registrar.

APPENDIX IV.

Statistics.—St. John's Park Hospital, New Town, for the Year Ended 30th June, 1957.

Number of Beds available—

Female Division	162	including	82 hospital beds
Male Division	335	including	171 hospital beds
Total	497		253

PATIENTS

Year	No. resident at commencement of year			Admitted			Discharged			Deaths			Remaining at end of year			Average Daily Number
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
1955-56	275	151	426	154	70	224	88	42	130	65	31	96	276	148	424	417.25
1956-57	276	148	424	187	43	230	99	15	114	90	25	115	274	151	425	422.79

Summary.

	1955-56.		1956-57.	
Number resident at commencement		426		424
Admitted during year		224		230
		650		654
Discharged during the year	130		114	
Deaths during the year	96	226	115	229
Number resident at close of year		424		425

Finance.

Revenue:	£	£
Commonwealth Hospital Benefits	27,811	30,686
State aid (net cost)	140,813	152,522
Invalid and old age pensions contributions	24,722	23,229
War service pensions contributions	1,707	2,421
Private maintenance	7,027	13,098
Laundry services	1,482	1,346
Sundries	432	427
	£203,994	£223,729

Expenditure:	£	£
Salaries	122,300	140,447
Fuel and light	7,797	6,250
Provisions and medical comforts	43,772	43,017
Bedding, clothing and stores	17,353	18,408
Repairs and renewals of buildings	5,315	6,869
Sundries	7,457	8,738
	£203,994	223,729

	£ s. d.	£ s. d.
Gross daily cost per inmate	1 6 8	1 8 11
Net daily cost per inmate	0 18 5	0 19 9
Gross weekly cost per inmate	9 7 0	10 2 11
Net weekly cost per inmate	6 9 1	6 18 4

Section II.—Report of the Division of Public Health for the Year ended 30th June, 1957.

SECTION II.

I have the honour to submit this report on the activities of the Public Health Division during the year ended 30th June, 1957.

During the last five months of the current year the Director of Public Health has been absent from the State on a World Health Organisation Tour of Inspection of the Public Health Services of the United States of America and Europe.

My contribution to the work of the Division has been only part-time, as it has been combined with my normal duties, and I would therefore, in presenting this report, like to draw your attention to and commend the excellent way in which the staff of the Division have carried out, in addition to their normal work, the extra responsibilities which they have had in the last half of the year, during the absence of the Director.

PUBLIC HEALTH.

Health Inspectors.

It is satisfactory to note that the members of the Royal Society for the Promotion of Health are increasing their strength and influence throughout the State. Six candidates in Tasmania passed the Sanitary Inspector's Certificate, and four health inspectors in the State sat for the Sanitary Sciences examination and qualified successfully. Further recruitment activities are anticipated by the Tasmanian Branch of the Society, and success in this field should make a significant contribution towards a general improvement in the standard of Health Inspection Services throughout the State.

Sanitation.

The established policy of discouraging the wholesale installation of septic tanks in certain rapidly developing closely settled housing areas, has been continued. In many areas the construction of party-line drainage systems has been successfully encouraged, and has made a significant contribution towards preventing the appearance of new sanitary nuisances in these areas.

In the past, no doubt due to inexperience, some local authorities have permitted the installation of septic tanks under unsuitable conditions, and this has resulted in the situation found today in many areas, of nuisances due to septic tank effluent encroaching on adjacent property, or overflowing into roadside gutters.

In connection with recent sub-divisions in the Glenorchy Municipality, negotiations have resulted in the availability of loan funds to the Council, from the bodies building the houses, for the purpose of constructing a proper sewerage scheme. Considerable assistance in enabling negotiations to be carried out was due to the Agricultural Bank withholding loans from persons wishing to purchase the houses until the Director of Public Health had approved of the drainage system.

Apart from the fact that in the long run it is cheaper to instal an adequate planned drainage system in a housing area at the same time as the houses are under construction, rather than to carry out the installation of a scheme some time after a housing scheme has become settled, it

should be considered as an essential part of any housing area. It should not be possible to obtain approval for building a housing scheme unless satisfactory drainage plans are included.

Food.

The Foods Standards Committee discussed and recommended several amendments to the regulations under the Food and Drugs Act during the course of the year. One important matter which received attention, but which has not yet been finalised, is the question of labelling certain dried milk products. A number of faulty and misleading claims in the labelling of these products has been under consideration by the National Health and Medical Research Council.

Drugs.

The question of introducing in all States in Australia some measure of uniformity of legislation for the purpose of controlling dangerous drugs throughout Australia has been under consideration, and it has been finally decided that the optimum way of achieving this object would be to introduce into Tasmania a separate Act dealing exclusively with these dangerous drugs. This measure has been approved also by the Pharmacy Board, in preference to achieving the object by amendment to any existing legislation.

School Health.

The resignation of Drs. H. P. Morris and E. B. Tunbridge reduced the strength of the full-time School Medical staff to two. This depletion was partly offset by the part-time appointment of two Medical Officers.

Apart from the role played by the School Medical Service in the field of preventive medicine and health education, it is interesting to note in the School Medical Officer's report the successes achieved in the clinical field of medicine. Of the children examined, 37.5 per cent were found by the School Medical Officer to have one or more defects requiring treatment, and they were referred for this purpose to their own doctor.

Attention has been drawn to the relatively high incidence of ringworm infection of the scalp in school children. Further investigations are being conducted into the incidence of this infection and into ways and means of obtaining accurate clinical diagnosis and adequate treatment.

Child Health.

The following table is of interest, as it reveals that, despite the fact that the birth rate has risen by about 1000 per annum in the last 10 years, the infant mortality rate has gradually declined, and at a level of 21.0 in 1956 is the lowest reached during the 10 years. To preventive medicine in the field of child health can be attributed an important part in maintaining throughout the 10 years a satisfactorily low infant mortality rate. During the first year of life, a large proportion of children in Tasmania are under the supervision of the Child Health Service. It should be noted, however, that the main cause of the decline in the mortality rate during the last ten years is attributable to advances in the clinical field of medicine. It is due to the application of modern obstetrical and paediatric knowledge within the first week of the child's life in hospital. It would be interesting to have available, as an index of the undoubted value of Child Health Services throughout the world, a comparative table of morbidity statistics rather than mortality statistics, as it is in the field of morbidity that so much is achieved in countries where Child Health Services are organised, compared with countries which have no such organisation.

TABLE G.

Infant Deaths, Tasmania 1947-1956.

Age.	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Under one week	130	113	102	105	121	102	109	114	120	100
1 week and under 2	8	17	11	6	6	7	6	9	12	8
2 weeks and under 3	5	2	4	4	5	4	3	3	2	6
3 weeks and under 4	5	8	4	1	3	3	2	2	2	4
1 month and under 2	12	18	12	17	12	10	3	7	8	8
2 months and under 3						8	8	9	9	6
3 months and under 4						11	9	9	5	9
4 months and under 5	20	12	16	14	27	8	13	4	11	10
5 months and under 6						5	3	6	1	1
6 months and under 7						4	6	3	4	5
7 months and under 8						2	2	4	2	2
8 months and under 9	15	23	21	25	22	3	5	6	5	3
9 months and under 10						2	2	3	1	2
10 months and under 11						2	3	4	4	4
11 months and under 12						1	3	3	3	2
Total	195	193	170	172	196	172	177	186	189	170
Total Births	7,140	6,979	7,110	7,242	7,357	7,916	7,736	7,770	8,089	8,104
Rate per 1000 births	27.3	27.7	23.8	26.6	21.7	21.7	22.9	23.9	23.4	21.0

School Dental.

Despite the fact that only 13 dental surgeons were employed for the full year round, they were able to conduct about 4,000 more treatments over all than in the previous year. Some of the old mobile clinics are in a very bad state of repair, and plans are being made to replace three clinics in the coming year.

One of the school dental officers continued throughout the year with conducting a prospective survey of the dentition in school children, in association with a municipal scheme for fluoridating the public water supplies.

Infectious Diseases.

(*a*) *Infantile Paralysis.*—The mass immunisation campaign proceeded according to plan until September, 1956. At this time we were disturbed by the significance of the number of cases of infantile paralysis which had been appearing in July and August. Increases in the supply of Salk vaccine were requested from the Commonwealth Serum Laboratories. This request was granted, and the programme was accelerated from the 14th September. Up to the 14th September a total of 35,212 injections had been administered. This total was made up of 19,447 first injections and 15,765 second injections. Following this accelerated programme, a total of 147,448 injections had been administered by the 31st December. This total was made up of 82,448 first injections and 64,895 second injections.

By the 30th June, 1957, a total of 225,321 injections had been given. School children numbering 21,867 were provided with their third injections, and approximately 98 per cent of the total school population have received two injections. The remaining 2 per cent consists of school children whose parents were at first reluctant to give permission for their children to be immunised. It was observed, however, that during the time the third injections were being carried out, quite a number of those 2 per cent of latecomers came forward and requested their first injections.

The central record system was found by experience to work very satisfactorily, although quite a lot of snags arose throughout the whole year, because of inaccurate returns submitted by municipalities. In order to correct the errors of the municipalities, a considerable amount of time had to be spent by the staff concerned with the poliomyelitis records. There is no doubt that, if reliance had had to be placed entirely on the municipalities to provide information about the injections, in the event of any faulty vaccine being used then adequate information would not always have been available. The central records system was particularly useful in determining the necessary information about children who had moved about the State during their course of injections.

For financial reasons it was necessary during the year to dispense with the services of two driver clerks. This of course resulted in the necessity of having to use the services of departmental health inspectors and school medical sisters to assist with the distribution of the vaccine. As the driver clerk's job was also to advise municipalities on the recording system, the curtailment of the staff of driver clerks placed additional responsibility on the one remaining clerk attached to the Division at Hobart. This clerk has however managed to cope with the work most efficiently.

Although it is too early to draw any reliable conclusions from the incidence of infantile paralysis in relation to the rate of progress of the immunisation scheme, it is satisfactory to note that, following the rising incidence of poliomyelitis in the winter and early spring, there was a rapid decline in the number of cases following the accelerated immunisation programme. No cases of infantile paralysis occurred in December, one occurred in January and one in February, although the indications had been that a severe epidemic was about to occur during the summer period.

The following list of expenses provides a picture of the actual cost to the Government during 1956 of conducting the mass immunisation campaign, over and above the normal day to day expenditure incurred by the Division.

	£	£
Capital Equipment—		
Punch card equipment	2,714	
Motor vehicles	....	
Immunisation equipment	1,447	
Refrigeration	586	
Office equipment	468	
	———	5,215
Operation—		
Salaries	3,300	
Fees doctors, nurses &c.	191	
Laundry	46	
Printing and stationery	449	
Postal charges	91	
Travelling	415	
Motor vehicles expenses	642	
Freights	54	
Advertising	132	
Hire of Powers Samas plant	210	
Maintenance of Powers Samas Plant	25	
Miscellaneous	24	
	———	5,609
Refunds to Councils—		
Injections	10,661	
Half share equipment	899	
	———	11,560
Total		£22,384

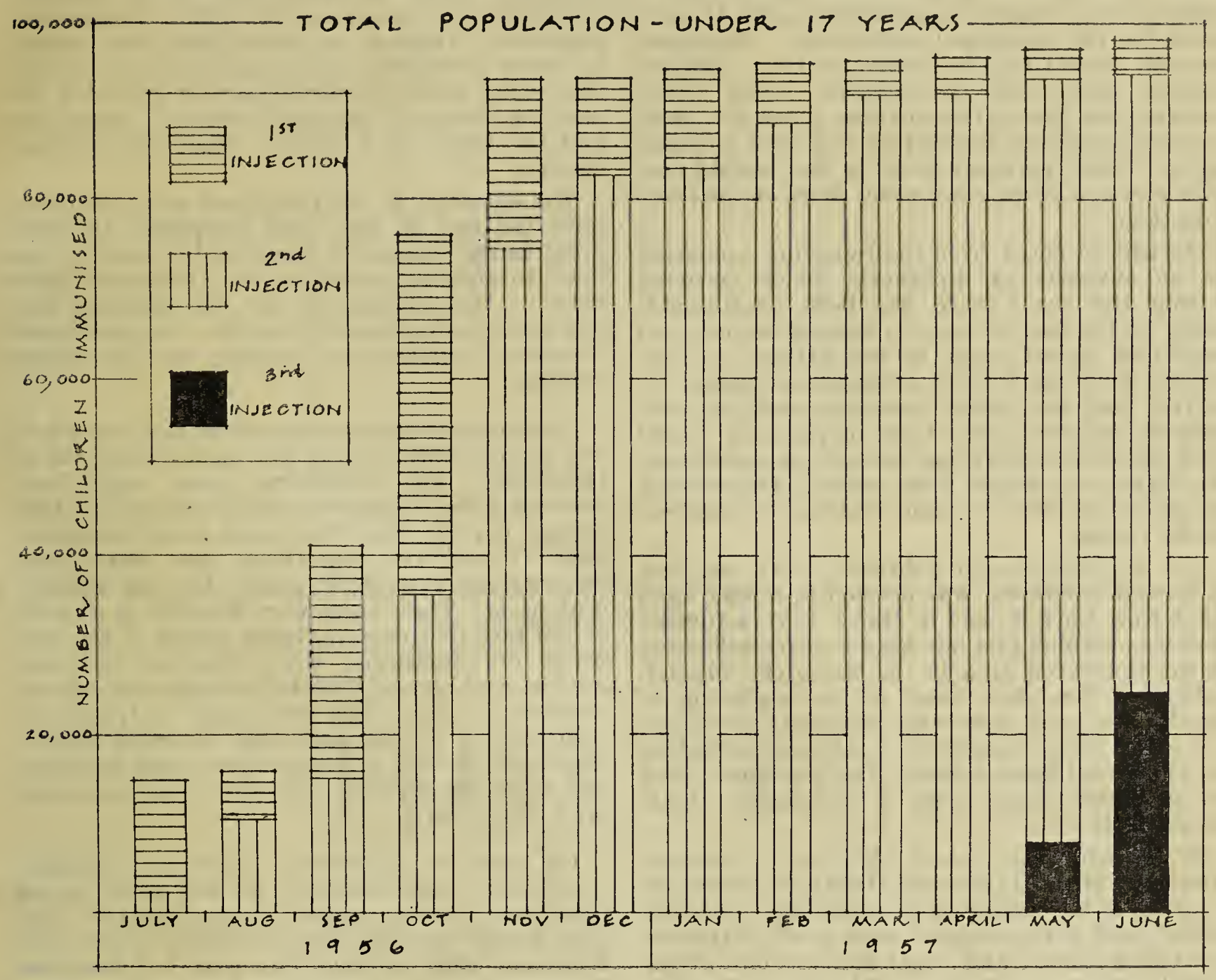
Following the recommendations of the Poliomyelitis Sub-Committee to the National Health and Medical Research Council, which were represented by the Minister for Health to Cabinet, the Government decided to extend the mass immunisation campaign in two further phases, to include all citizens up to the age of 45 years. The policy of the extension of the scheme in the first instance is that all young adults from the age of 16 to 20 years of age inclusive will be offered a course of injections and that the campaign to achieve this will be conducted entirely on the lines of the scheme as it stands at the present time. This phase should begin, if possible, after an interval of approximately six weeks from the conclusion of the immunisation of school children.

Secondly, after the conclusion of the above phase, a course of immunising injections will be offered to all adults up to the age of 45 years. Municipalities will be charged a fee of 5s. per injection to cover administrative costs to the Municipality and the Department of Health Services.

During this third phase of the campaign as a whole, it is anticipated that the present detailed records will not be required, particularly those dealing with the batch numbers of the vaccine. The likelihood, by then, of any contaminated batch of vaccine being used on the public accidentally is remote. It would be advisable from a statistical point of view, in order to provide information about the value of the campaign as a

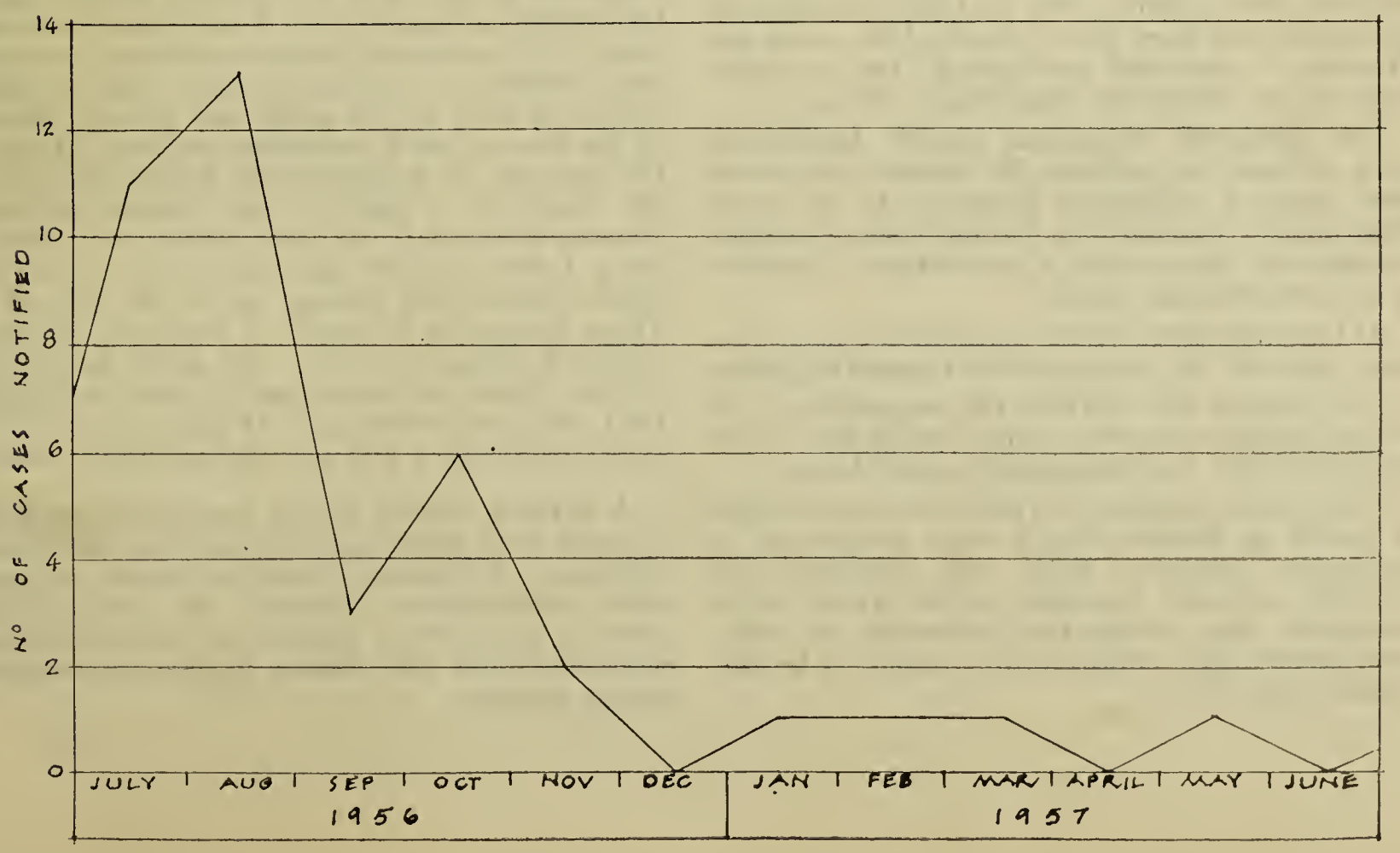
SALK VACCINE MASS IMMUNISATION CAMPAIGN, 1956-57

0 – 16 YEARS OF AGE



INCIDENCE OF POLIOMYELITIS - TASMANIA 1956-57

MONTHLY INCIDENCE OF CASES



whole in preventing infantile paralysis, to maintain some form of central records. This record would also provide a convenient check on the portion of the charges transmitted to the Department by the municipal authorities. Municipal councils should be encouraged to keep adequate records themselves in addition, from which citizens can obtain information about the dates of their injections, should they lose their personal cards. Their personal cards in fact should contain a record of the succeeding dates of the three injections.

As will be noted from the following comments on an outbreak of diphtheria which occurred during the year, there has been considerable laxity on the part of councils keeping records and providing record cards to the citizens, in connection with their triple antigen campaigns. It is felt that this whole question could be considered, and that some form of personal record card, showing the various immunising agents and the dates on which they were administered, should be supplied by municipalities to members of the public.

(*b*) *Diphtheria.*—In February, 1957, one case of faucial diphtheria was notified in a male aged 32 at New Norfolk, and in March 1957, a further case was notified in a boy aged 5 years belonging to the Goodwood area in the Glenorchy Municipality. A few days later, at the beginning of April, three more cases were notified in girls aged 5, 8 and 4 years respectively. All were attending the Goodwood State School. The girl aged 4 died on the 10th April from a diphtheritic toxic myocarditis.

Along with the Hobart City and Glenorchy Municipal Medical Officer of Health, I carried out a survey of the Goodwood area and the Goodwood School, and arrangements were made forthwith for taking throat and nasal swabs from all the school teachers and school children attending the school and from the personnel working in several small shops which the children were in the habit of visiting to purchase ice-creams and other foods.

Several positive swabs were detected in the school children and in one of the teachers, but no positive swabs were detected at any of the ice-cream and milk vendors' establishments.

It was discovered that the percentage of children and teachers who had been immunised previously was very poor. None of the cases nor "carriers" detected throughout the epidemic occurred in previously immunised persons.

The Glenorchy Municipal Health Authorities were advised to institute the administration of 1000 units of diphtheria antitoxin to all school children and teachers who had not been previously immunised, along with a preliminary injection of the immunising toxoid.

At the same time, booster immunising injections were provided for those children requiring them.

This scheme was carried out expeditiously by the municipal authorities and one of the school medical sisters was employed to assist them.

The lesson, painfully learned, was that, because of laxity in maintaining a high proportion of immunised children, there had appeared this virulent epidemic, localised on the whole to the Goodwood area, where the percentage of previously immunised children was found to be disappointingly low.

It became obvious during the course of the accelerated immunisation programme, which was initiated forthwith, that records of previous immunisations were poor throughout many municipalities. There is no doubt that steps should be taken forthwith, by municipalities, to ensure that some form of record card is provided for parents, showing the exact dates of injections and the types of injections which the children receive.

The epidemic in the Goodwood area continued until the end of May, and altogether 18 cases arose in the Glenorchy Municipality, mainly confined to children attending the Goodwood State School. It is considered that the epidemic was due to the appearance of a chronic non-immunised "carrier" among the teachers or the school children.

Four other cases occurred throughout the State, two at Irishtown, one at Beaconsfield and one at Deloraine. The Irishtown cases could have resulted from a contact with the Goodwood Area School, but the other two cases were in persons aged 73 and 19 respectively, and were cases demonstrating positive swabs but no clinical diphtheria. These cases were detected as a result of the fact that doctors, being aware of the outbreak of diphtheria, were stepping up their routine swabbing of throats for diagnostic culture purposes. One of the two cases in Irishtown, occurring in a little girl aged 6, ended fatally. This girl died of a virulent laryngeal infection and acute myocarditis. No more cases appeared after May, 1957.

(*c*) *Infective Hepatitis.*—Infective Hepatitis constituted approximately 40 per cent of all infectious diseases notified throughout the year. This disease was only made notifiable on the 28th February, 1956, so that this year has been the first year in which the incidence of the disease has been recorded over a 12 monthly period. Of the notifications, 32.6 per cent were of tuberculosis in all forms, making a total of 72.6 per cent as the incidence of these two diseases together, compared with the incidence of all other infectious diseases.

Although the mortality rate from Infective Hepatitis is low, it is a disabling disease and is frequently associated with a protracted convalescence. It is also an important disease economically, because of its interference with a child's education and, in the adult age groups, because of the loss of work associated with an attack of the disease. It is quite usual for an adult to be off work for a month. The highest incidence appears to occur in the age group 5 to 10 years, but a fairly constant incidence occurs in all five yearly period age groups, up to the age of 45. Three deaths as a result of Infective Hepatitis occurred during the year. One adult female died in July, 1956, one male aged 22 died in January, 1957, and one female aged 44 died in April, 1957. This constitutes a 1.15 per cent mortality rate.

A cursory survey of the association of water supplies with municipalities showing the highest incidence of infective hepatitis reveals no particular relationship, although the greatest incidence is in Southern Tasmania. The highest incidence last year was during the winter and early spring months.

TABLE H.

RETURN Showing Monthly Notifications of Notifiable Infectious Diseases During the Year 1956-57.

Month	Meningitis	Scarlet Fever	Hydatids	Diphtheria	Para-Typhoid Fever	Poliomyelitis	Infantile Diarrhoea	Brucellosis	Hepatitis	Puerperal Fever	Leprosy	Glandular Fever	Amoebic Dysentery	Tuberculosis	Total
July	5	2	1	1	..	11	..	..	30	..	..	..	..	22	72
August	7	..	2	..	..	13	..	..	27	..	..	..	..	20	69
September	6	3	..	..	..	3	..	..	43	..	..	..	..	27	82
October	1	..	1	..	..	6	..	..	32	1	..	..	..	23	64
November	5	3	4	..	..	2	1	..	20	..	..	3	..	17	55
December	4	6	3	..	..	..	..	..	12	..	..	2	..	16	43
January	..	6	..	..	1	1	..	..	17	..	1	4	..	16	46
February	..	1	3	1	..	1	..	..	13	..	..	9	..	11	39
March	1	2	..	1	..	1	..	..	14	..	..	1	..	9	29
April	..	1	1	9	..	..	..	1	11	..	..	2	..	18	43
May	3	1	1	13	..	1	..	..	13	..	..	1	..	12	45
June	4	3	1	..	..	..	..	..	20	..	..	1	1	15	45
Total	36	28	17	25	1	39	1	1	252	1	1	23	1	206	632

TABLE I.

RETURN Showing Notifications of Notifiable Infectious Diseases, according to Municipalities, During the Year 1956-57.

Municipality	Meningitis	Scarlet Fever	Hydatids	Diphtheria	Para-Typhoid Fever	Poliomyelitis	Infant Diarrhoea	Brucellosis	Hepatitis	Puerperal Fever	Leprosy	Glandular Fever	Amoebic Dysentery	Tuberculosis	Total
Beaconsfield	1	..	..	1	..	2	..	..	2	..	..	1	..	3	10
Bothwell	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Brighton	..	1	..	..	..	..	..	..	4	..	..	1	..	..	6
Bruny	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Burnie	..	..	1	..	..	..	..	1	6	..	..	..	..	8	16
Campbell Town	..	..	1	..	..	..	..	..	12	..	..	..	..	1	14
Circular Head	3	..	..	2	..	..	..	..	1	..	..	..	..	2	8
Clarence	5	..	2	..	..	4	..	..	46	..	..	1	..	20	78
Deloraine	..	1	..	1	..	..	..	..	14	..	..	1	..	1	18
Devonport	..	..	..	..	..	1	..	..	..	..	..	..	..	6	7
Esperance	..	..	..	..	..	3	..	..	11	..	..	2	..	1	17
Evandale	..	1	1	..	..	..	..	..	3	..	..	..	..	..	5
Fingal	1	2	1	..	1	1	1	..	14	1	..	1	..	1	24
Flinders Island	..	..	..	..	..	..	..	..	2	..	..	..	..	1	3
George Town	..	2	1	..	..	..	..	..	..	..	..	..	..	3	6
Glamorgan	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Glenorchy	6	10	1	17	..	3	..	..	16	..	1	1	..	17	72
Gormanston	..	..	..	..	..	..	..	..	2	..	..	..	..	2	4
Green Ponds	..	..	..	..	..	..	..	..	2	..	..	..	..	..	2
Hamilton	1	2	..	..	..	1	..	..	26	..	..	..	..	5	35
Hobart	7	4	2	2	..	10	..	..	32	..	..	4	..	41	102
Huon	1	..	..	..	..	..	..	..	1	..	..	..	..	7	9
Kentish	..	..	..	..	..	..	..	..	6	..	..	..	..	1	7
Kingborough	3	..	..	..	..	3	..	..	18	..	..	..	..	7	31
King Island	1	..	..	..	..	..	..	..	1	..	..	..	..	2	4
Latrobe	..	2	..	..	..	..	..	..	1	..	..	..	..	..	3
Launceston	1	..	..	..	..	5	..	..	2	..	..	6	..	26	40
Lilydale	1	..	..	..	..	1	..	..	..	..	..	3	1	..	6
Longford	3	..	..	..	..	1	..	..	2	..	..	..	..	5	11
New Norfolk	1	2	5	1	..	..	..	..	14	..	..	1	..	9	33
Oatlands	..	..	..	..	..	..	..	..	2	..	..	..	..	2	4
Penguin	..	..	..	..	..	..	..	..	..	..	..	..	..	3	3
Port Cygnet	..	..	..	..	..	..	..	..	8	..	..	..	..	..	8
Portland	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Queenstown	..	..	..	..	..	2	..	..	..	..	..	..	..	15	17
Richmond	..	1	1	..	..	..	..	..	..	..	..	..	..	1	3
Ringarooma	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ross	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
Scottsdale	1	..	..	1	..	..	..	..	..	..	..	..	..	1	3
Sorell	..	..	..	..	..	2	..	..	..	..	..	..	..	1	3
Spring Bay	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
St. Leonards	..	..	..	..	..	..	..	..	1	..	..	1	..	..	2
Strahan	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Tasman	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ulverstone	..	..	1	..	..	..	..	..	..	..	..	..	..	4	5
Waratah	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Westbury	..	..	..	..	..	..	..	..	1	..	..	..	..	3	4
Wynyard	..	..	..	..	..	..	..	..	1	..	..	..	..	2	3
Zeehan	..	..	..	..	..	..	..	..	..	..	..	..	..	4	4
Total	36	28	17	25	1	39	1	1	252	1	1	23	1	206	632

TABLE J.

POLIOMYELITIS.

Month.	Under 1 year		1 yr. & under 5		5 yrs. & under 10		10 yrs. & under 15		15 yrs. & under 20		20 yrs. & under 25		25 yrs. & under 30		30 yrs. & under 35		35 yrs. & under 40		40 yrs. & under 45		45 yrs. & over		TOTALS	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
July	....	....	3	1	3	....	....	....	....	1	1	1	....	1	....	....	....	....	....	....	....	....	7	4
August	2	1	2	2	2	....	....	2	....	....	....	....	1	1	....	....	....	....	....	....	....	....	7	6
September	....	....	1	....	1	....	....	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	3	....
October	....	....	1	....	1	....	....	....	....	....	1	....	2	....	....	....	1	....	....	....	....	....	6	....
November	....	....	....	....	....	....	....	....	....	....	....	1	1	....	....	....	....	....	....	....	....	....	1	1
December	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
January	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	1	....
February	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....
March	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....
April	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
May	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....
June	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
TOTALS	2	1	9	3	7	....	1	2	....	1	2	2	4	2	2	....	1	....	....	....	....	....	28	11
TOTAL M & F	3		12		7		3		1		4		6		2		1		....		....		39	

SCARLET FEVER

Month	Under 5 yrs.		5 yrs. and under 10		10 yrs. and under 20		20 yrs. and under 45		45 yrs. and under 65		65 yrs. and over		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
July	—	—	1	—	—	1	—	—	—	—	—	—	1	1
August	—	—	—	—	—	—	—	—	—	—	—	—	—	—
September	1	—	1	—	—	1	—	—	—	—	—	—	2	1
October	—	—	—	—	—	—	—	—	—	—	—	—	—	—
November	—	1	1	1	—	—	—	—	—	—	—	—	1	2
December	—	1	3	1	—	1	—	—	—	—	—	—	3	3
January	—	1	1	2	—	1	—	1	—	—	—	—	2	4
February	1	—	—	—	—	—	—	—	—	—	—	—	1	—
March	—	—	1	1	—	—	—	—	—	—	—	—	1	1
April	—	1	—	—	—	—	—	—	—	—	—	—	—	1
May	—	—	—	1	—	—	—	—	—	—	—	—	—	1
June	—	—	1	1	—	1	—	—	—	—	—	—	1	2
Total	2	4	9	7	—	5	—	1	—	—	—	—	12	16
Total M. and F. ..	6		16		5		1		—		—		28	

DIPHTHERIA

Month	Under 5 yrs.		5 yrs. and under 10		10 yrs. and under 20		20 yrs. and under 45		45 yrs. and under 65		65 yrs. and over		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
July	—	—	1	—	—	—	—	—	—	—	—	—	1	—
August	—	—	—	—	—	—	—	—	—	—	—	—	—	—
September	—	—	—	—	—	—	—	—	—	—	—	—	—	—
October	—	—	—	—	—	—	—	—	—	—	—	—	—	—
November	—	—	—	—	—	—	—	—	—	—	—	—	—	
December	—	—	—	—	—	—	—	—	—	—	—	—	—	—
January	—	—	—	—	—	—	—	—	—	—	—	—	—	—
February	—	—	—	—	—	—	1	—	—	—	—	—	1	—
March	—	—	1	—	—	—	—	—	—	—	—	—	1	—
April	—	2	3	2	—	1	—	1	—	—	—	—	3	6
May	1	—	1	5	3	2	—	—	—	—	1	—	6	7
June	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	1	2	6	7	3	3	1	1	—	—	1	—	12	13
Total M. and F. ..	3		13		6		2		—		1		25	

MENINGITIS

Month	Under 5 yrs.		5 yrs. and under 10		10 yrs. and under 20		20 yrs. and under 45		45 yrs. and under 65		65 yrs. and over		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
July	—	3	1	1	—	—	—	—	—	—	—	—	1	4
August	4	3	—	—	—	—	—	—	—	—	—	—	4	3
September	4	2	—	—	—	—	—	—	—	—	—	—	4	2
October	1	—	—	—	—	—	—	—	—	—	—	—	1	—
November	4	—	1	—	—	—	—	—	—	—	—	—	5	—
December	2	1	—	—	1	—	—	—	—	—	—	—	3	1
January	—	—	—	—	—	—	—	—	—	—	—	—	—	—
February	—	—	—	—	—	—	—	—	—	—	—	—	—	—
March	—	—	—	—	—	—	1	—	—	—	—	—	1	—
April	—	—	—	—	—	—	—	—	—	—	—	—	—	—
May	2	—	—	—	—	—	—	—	—	1	—	—	2	1
June	—	2	—	—	—	1	—	1	—	—	—	—	—	4
Total	17	11	2	1	1	1	1	1	—	1	—	—	21	15
Total M. and F. ..	28		3		2		2		1		—		36	

HEPATITIS

Month	Under 5 yrs.		5 yrs. and under 10		10 yrs. and under 20		20 yrs. and under 45		45 yrs. and under 65		65 yrs. and over		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
July	..	1	5	2	8	1	6	4	1	2	..	..	20	10
August	3	..	1	..	..	..	11	6	..	1	3	2	18	9
September	2	2	3	3	4	4	11	11	..	1	..	2	20	23
October	1	..	4	4	1	4	6	10	1	1	..	..	13	19
November	2	..	2	1	2	1	8	4	..	..	..	..	14	6
December	..	..	1	3	2	..	4	2	..	..	..	..	7	5
January	..	..	2	2	..	1	7	2	..	2	..	1	9	8
February	..	2	1	2	1	1	4	2	..	..	..	..	6	7
March	..	..	..	2	3	..	5	3	..	1	..	..	8	6
April	..	..	1	2	3	1	..	2	2	..	..	..	6	5
May	..	1	1	1	2	3	2	1	1	1	..	..	6	7
June	..	..	1	4	1	1	5	2	1	4	1	..	9	11
Total	8	6	22	26	27	18	69	48	6	13	4	5	136	116
Total M. and F. ..	14		48		45		117		19		9		252	

TABLE K.

VENEREAL DISEASES.

RETURN showing Notifications of Venereal Diseases During the Year 1956-57.

Disease	*Males*	*Females*	*Total*
Gonorrhoea	17	1	18
Primary Syphilis	1	....	1
Tertiary Syphilis	1	....	1
Tertiary Congenital	1	....	1
	20	1	21

Sources of Information.

	Males	*Females*	*Total*
Notified by hospital clinics	5	....	5
Notified by private practitioners	15	1	16
	20	1	21

Government Analyst's Branch.

The Government Analyst and Chemist's report reveals the diverse activities of this Branch.

It will be seen that the work carried out by the Government Analyst and Chemist's staff on behalf of the Department of Health Services directly, constitutes today a minor part of the overall service provided by the laboratory. This fact was stressed by the Government Analyst and Chemist and his staff at the Appeals Board, following the Quinquennial Reclassification of the Public Service which took place during the year. Representations were made at the end of the year to the Public Service Commissioner for consideration to be given to making the Government Analyst's Branch a Technical Division (Chemistry) within the Department of Health Services in the same way as technical divisions are provided for in the Department of Agriculture. If this recommendation is approved, the Government Analyst's Branch will no longer be a branch of the Public Health Division, but will have the more independent status of a technical division, as do the technical divisions in the Department of Agriculture.

Nutrition Service.

It should be noted that a valuable investigation was completed during the year by the Nutrition Officer into the association of the fibre content in the diet of expectant mothers and toxaemia of pregnancy. The results of this investigation were published in the Medical Journal of Australia.

The number of nutrition courses and lectures on nutrition were extended to include an increasing number of groups of citizens throughout the year.

Statistics.

An appointment was made during the year, for the first time, of a Statistical Research Officer. This work is in the infancy but much valuable information should be obtainable in the future. The Power Samas recording machinery is almost continually in use in connection with the salk vaccine mass immunisation campaign but, as the opportunity arose, assistance was given to other Departments in sorting out the information they required to assist them with statistical evaluations. The volume of this work carried out was very small but as pilot schemes they provided useful indication of the potentialities of the recording machinery for use in the future, in other spheres. Plans have been made, for example,

TABLE L.

RETURN Showing Age and Sex Distribution of Cases of Venereal Diseases Notified During the Year 1956-57.

Disease	Under 1 Year		1–5		5–10		10–15		15–20		20–25		25–30		30–35		35–40		40–45		45–50		50–55		55–60		60–65		65 and over		Age not Stated		Total		Grand Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M. and F
Gonorrhoea	..	..	..	..	..	..	..	..	..	..	7	1	6	..	..	..	..	..	3	..	..	..	..	..	1	..	..	..	..	..	17	1	18
Primary Syphilis ..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Tertiary Congenital ..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Tertiary Syphilis ..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Totals	..	..	..	..	..	..	..	..	1	..	9	1	6	..	..	..	..	..	3	..	..	..	..	..	1	..	..	..	..	..	20	1	21

for recording the information from the School Medical Service by means of the punch card system. Should there be introduced in the future an International Statistical Classification of Diseases, Injuries and Causes of Death throughout the State, the punch card recording system will be an invaluable asset in this matter.

Radio Active Substances.

Two amendments to the Radio Active Substances Act 1954 were promulgated during the year. Provision was made for the addition of veterinary surgeons and radiographers, who are persons defined by the articles of the Association of the Australian Institute of Radiography, to use x-ray apparatus. Radiographers were exempted from holding licences for the diagnostic use of irradiating apparatus and veterinary surgeons were exempted even from using irradiating apparatus for treating animals.

The provision of regulations under the Act was further delayed because of difficulties found in dealing with the definition of irradiating apparatus.

As a result of this delay, the Radiological Advisory Council was unable to proceed with its recommendations to the Minister on the subject of applications for licences under the Act. On the recommendation of the Radiological Advisory Council, the Government approved of a general policy of refusal to grant licences for using irradiating apparatus in shoe shops. Applications for licences will be dealt with accordingly, once the regulations are introduced.

Several amendments to the Model Commonwealth Regulations were considered by the National Health and Medical Research Council and these amendments will be considered by the Radiological Advisory Council in Tasmania, in due course, for inclusion in the Regulations under the Tasmanian Act.

J. R. MACINTYRE,
M.B.Ch.B., F.R.F.P.S. (Glasgow), M.R.S.H. (Lond.).
Acting Director of Public Health.

APPENDIX V.

REPORT OF THE GOVERNMENT ANALYST AND CHEMIST FOR THE YEAR ENDED 30th JUNE, 1957.

Work of the Branch.—The total number of samples submitted to the laboratory was 2,629, a decrease of 164 on the previous year. In spite of this, the year has been an unusually busy one in certain sections, particularly the agricultural chemistry, in which soils and animal feeding stuffs showed notable increases. Soil tests increased by a hundred per cent over the total in 1955-56, and now comprise the numerically greatest part of the analytical work of the Branch.

The number of food samples had to be curtailed somewhat during the year owing to the absence of Mr. J. W. Wishart, who was seconded for goitrogen investigations on the mainland. In addition, however, local authorities failed to send in the usual number of food samples. Most of the sections of the work remained relatively constant.

The following tables show the numbers of the classified samples, and the sources from which they came.

Table M1.—Materials examined.

Soils	758
Foods	587
Water	298
Plants (nutrition and breeding)	289
Toxicology specimens (human)	141
Feeding stuffs (silage &c.)	126
Alochol (inebriation) tests	81
Criminal investigation exhibits	76
Animal nutrition specimens	43
Pesticides	42
Animal poisoning specimens	34
Miscellaneous industrial materials	33
Fertilisers	22
Paint and building materials	19
Drugs and medicines	15
Fuel and lubricating oils	12
Pathology specimens	11
Hydrometers and thermometers	9
Human milks	8
Soaps, cleaning materials and disinfectants	8
Paper and textiles	7
Corrosion products	6
Sewage and wastes	4
	2,629

Table M2.—Source of Samples.

State Departments:	
Agriculture	863
Health Services	378
Police	265
Agricultural Bank	41
Hydro-Electric Commission	33
Public Works	27
Tasmanian Grain Elevators	17
Forestry	15
Transport	9
Labour and Industry	8
Housing	5
Crown Law	4
Supply and Tender	4
Commonwealth Departments:	
C.S.I.R.O. (Fisheries)	54
Works	29
Army	9
Health	3
Repatriation Hospital	2
Postmaster-General's	2
Local Authorities	238
Hospitals and Institutions (Including Child Health)	26
Private firms and persons	597
	2,629

The number of samples sent in to the Branch for analysis by no means reflects the entire scope of the work. We are consulted almost daily by some department or other, or by members of the public or trading concerns on problems of varying complexity, ranging from the easily answered enquiry to others which entail considerable thought, literature search or practical tests. This part of the work is increasing yearly. It stems from the increasing knowledge and experience of the officers of the Branch, and it can be coped with only by maintaining an adequate trained staff, properly equipped with the tools of trade.

Official Food Sampling.—The following table shows the results of food sampling by inspectors of the Department and local authorities.

Table M3.—Food and Drugs Act Analyses.

Foodstuff.	*No. received.*	*No. below standard.*
Baking chemicals	2	....
Beer	6	....
Bread	6	4
Butter	4	....
Cereal products	1	....
Confectionery	2	1
Cordials	19	1
Cream	15	13
Custard powder	2	....
Food colours	2	....
Essences	1	1
Tinned fish	1	....
Fruit products	2	....
Honey	2	....
Spirits	5	3
Meat and meat products	12	1
Milk	319	61
Evaporated milk	3	1
Sauces and condiments	8	2
Sausages	3	2
Spreads	1	....
Tea and tea concentrate	3	1
Coffee essence	1	1
Vegetables (canned)	1	1
	421	93

In regard to the large proportion of samples which failed to comply with the requirements of the Food and Drugs Regulations, it has to be remembered that in general the sampling of foods is not systematic; it is discriminatory. Much of it is applied to classes of foodstuffs which are the commonest offenders and are continually followed up. Many of the failures were due to non-compliance with labelling requirements. This applies very much to cream. A number of offences related to food being unfit for consumption due to the presence of dirt or filth. In this category were four breads, two samples of milk, one each of desiccated coconut, cream and tinned vegetables. These findings follow complaints to the local health authorities by purchasers, and almost invariably, summary proceedings are taken in the courts.

During the year the beer sold in Hobart and Launceston, both draught and bottled, of local and mainland origin, was systematically examined as regards spirit strength, extract and metallic contamination. No undue amounts of impurities were detected. Several samples of spirits had been adulterated with water, and the proportion of sausages of sub-standard meat content continues to be unduly high. Leaving milks for later consideration, the majority of the other infringements were of a minor mature. There is need, however, for continual watchfulness for deceptive labelling and unwarranted claims for packaged foodstuffs. All the new products coming into the shops should be carefully checked.

Milk.—The following table summarises the results of analyses of milk samples. The majority of these were taken in Hobart, a few in Launceston, Burnie and Devonport, and very few in other parts of the State. To obtain proper systematic coverage of the State's milk supplies, more samples should be taken in all towns of any size outside Hobart.

Chemical Tests.	*No. of samples.*	*Per cent of total.*
Conform to standard	225	79.2
Deficient in fat only	....	....
Substandard in non-fatty solids and/or total solids, not watered	57	20.1
Watered	2	0.7
	284	100.0
Reductase test (4 hours)—		
Conformed	35	
Failed	2	

The proportion of samples sub-standard in composition (20.8 per cent) was much higher than in the previous year, being a reversion almost to the earlier years when so many milks low in non-fatty solids but not watered were encountered. A true indication of the overall position could be obtained only by much more extensive sampling.

Apart from official food sampling, a number of samples of wheat imported into the State for flour milling have been examined for the Australian Wheat Board to check for quality defects such as foreign seeds, dust &c., and particularly the presence of melilot or sweet clover, which confers an objectionable taint. Bread and flour have also been examined.

Agricultural Chemistry.

Soils.—A total of 758 samples was examined this year compared with 328 samples last year. The majority of these samples were submitted by District Officers of the Department of Agriculture in connection with advisory work concerning the fertilizer requirements of soils on various properties throughout the State.

Under a scheme introduced early in the year samples are taken to a standard depth with a special tool and sent to the laboratory with a form containing pertinent information regarding soil type, fertiliser and cropping history of the area represented by the sample. Copies of the report are sent to the District Officer concerned and to the Agronomy Division.

The most effective use of this scheme of soil analysis depends on the collection of information relating to results of soil analysis with observed effects of fertiliser treatment in field experiments on the many different soil types throughout the State. Sixty-two (62) samples from trial areas conducted by the Agronomy Division were examined this year and some 35 samples from established or proposed trial areas conducted by the Extension Division.

Correlation of soil analyses and field response to fertilisers on trial areas conducted by the Agronomy Division have indicated that much more information needs to be collected on the various soil types, and it is desirable that during the following year the detailed soil analyses be confined as much as possible to soils from trial areas established in many districts by both the Extension and Agronomy Divisions.

Fertilisers and feeding stuffs.—Twenty-two (22) samples of fertilisers were examined on behalf of local merchants.

One hundred and twenty-six (126) samples of feeding stuffs were examined. This number includes 25 poultry foods and 10 fodder beets from a variety trial conducted by the Piggery Section of the Agricultural Department.

Fifty-three (53) samples of pasture hay and silage were examined—the majority in connection with the 1957 Fodder Conservation Competition conducted by the Department of Agriculture. Typical samples of conserved fodder from various districts throughout the State were examined and, on the whole, the present system of judging quality was confirmed by the analyses.

Pesticides.—Forty-two (42) samples were examined. These included 31 samples of lime sulphur produced by a local manufacturer. The quality of this product has been improved as a result of advice from this Branch.

Some work has been done to check on the persistence of the modern pesticides on fruit and vegetables. It has been shown that apples sprayed with Systox very late in the season retain relatively small quantities on prolonged cold storage. Samples of brussels sprouts sprayed with parathion in large commercial growing showed no significant residues after picking.

The laboratory continues to provide a diverse service to the various Divisions of the Department of Agriculture. Mr. K. M. Stackhouse made serveral visits to various properties in the South with Departmental officers during the year. This collaboration of field and laboratory officers in the field often proves to be particularly valuable.

Plant Chemistry.—Two hundred and eighty-nine samples were examined in this section of the work this year.

Eighty-five (85) samples of hop leaves and cones were examined in connection with fertiliser trials being conducted by the Horticultural Division. A study is being undertaken to investigate the effect of various rates and kinds of nitrogenous fertiliser applications on the nitrogen content of the leaves and the yield and quality of the hop cones from vines in the experimental area.

Twenty-seven (27) samples of apricot leaves were examined for potash and manganese in connection with brown rot investigations undertaken by the Plant Pathology Division.

Forty-nine (49) samples of apple leaves were examined in connection with investigations by the Division into nutritional disturbances of apple trees. There is evidence of increasing magnesium deficiency, often associated with high potassium content of the leaves on many orchards. Further study of this problem on one orchard where this condition is pronounced will be undertaken next year.

Animal Nutrition and Toxicological Analyses.—Forty-three (43) specimens of blood and liver were examined for copper and cobalt content.

Thirty-four (34) specimens concerned with twenty-two cases of supposed or real poisoning of stock or domestic animals were examined, of which six were positive (strychnine 3, arsenic 2, lead chromate derived from paint 1).

Forensic Chemistry.

Of 141 specimens in connection with real or supposed poisoning cases, 105 were connected with twenty-six (26) coroners' enquiries. Barbiturates were detected in four cases, strychnine three, chloral, two, parathion two, aspirin one, alcohol one, and thirteen gave negative results.

Various articles of food and specimens were examined for medical practitioners and members of the public for poisons.

The number of specimens, chiefly blood, in connection with persons being under the influence of alcohol remained steady compared with the previous year. Of a total of 60 cases, 33 were for "driving under the influence", 12 deaths in vehicles, two suicides, and 13 deaths due to other accidents.

An analysis of the results in the driving cases shows the following—

Concentration mg. per 100 ml.	*Number of cases.*
0– 50	1
51–100	....
101–150	2
151–200	11
201–249	13
250–299	6

A blood alcohol concentration of 150 milligrams per 100 mils is attained, in an 11 stone man, by the consumption of at least ten 7oz. beers or seven whiskies.

Mr. M. H. R. Shipp has carried out invaluable work in this connection, and has also attended the conferences on the mainland of the Medico-Legal Committee of the National Road Safety Council. This committee was responsible for drafting the model Act and Regulations which it is hoped will serve as a basis for State laws to legalise blood alcohol tests.

The year has again been a busy one with the examination of exhibits in connection with criminal investigations by the police. This has involved the chemical, spectroscopic and microscopic examination of numerous paint and glass fragments, dust, metals and tools, safes, clothing and various debris. A considerable amount of information and advice has been given to police officers, and evidence following the investigations has been given in court, chiefly by Mr. Shipp and occasionally other officers.

Assistance has also been given in the investigation of the causes of fires.

Water.—Two hundred and ninety-eight (298) samples of water were examined for government departments, chiefly the Public Works Department, Agricultural Bank, the Commonwealth Department of Works, and C.S.I.R.O., also for local authorities and members of the public. Some check has been kept on the water of the Southern Regional Scheme, and a number of waters from proposed sources for public supplies have been reported on for local authorities.

Information has been supplied to the Department to enable replies to be made to the enquiries of various local authorities on the possibilities of fluoridation of their water supplies.

Regular monthly laboratory checks of the fluoride content of the Beaconsfield water supply, and scrutiny of the daily results at the plant, reveal that the correct level is being well maintained in the township. The returns provided by the engineer show good agreement between fluoride content of the water and quantity of chemical added.

Miscellaneous activities.—During the year a Detergents and Cleaning Materials Committee with me as chairman was set up by the Director-General of Health Services, to advise government institutions on the best types of detergents. Meetings have been held and a policy on procurement has been laid down. It has been arranged that all lines, especially new products submitted for government use, shall be analysed and their efficacy in use also reported on. A number of samples have been tested.

I have attended meetings of the Food Standards Committee, Fertilizers, Stock Medicines and Pesticides Boards, and the Fluoridation Committee. Mr. M. H. R. Shipp attended meetings of the Medico-Legal Committee of the Australian Transport Advisory Council, held in Melbourne and Sydney for the purpose of considering blood tests.

Staff.—Mr. O. J. Sternberg, Temporary Chemist, retired after nearly ten years of useful and energetic service. Mr. J. G. Joy was promoted to the new grade of Analyst, and Mr. J. G. McDavitt joined the staff in a similar capacity.

I would like to thank all members of the staff for their entire co-operation during the year.

H. E. HILL, F.R.A.C.I., A.R.I.C.
Government Analyst and Chemist.

APPENDIX VI.

REPORT OF THE HEALTH INSPECTORS FOR THE YEAR ENDED 30th JUNE, 1957.

Staff.

The vacancies created by the retirement in 1955 of Chief Inspecor H. H. Parker and Senior Inspector W. J. Davies have not been filled to date, and this has resulted in a shortage of staff at headquarters.

Inspector H. T. D'Alton was promoted during the year to Senior Inspector (Food and Drugs) and Inspector W. Wolnizer is now Acting Senior Inspector (Sanitation).

Sanitary Surveys, Special and Follow-up Inspections.

It has been customary for each State Health Inspector to carry out at least one sanitary survey and one follow-up or check survey of each municipality under his charge during each year. However, on account of the increase in other duties, such as the poliomyelitis campaign, inspection of guest houses, duties with the Licensing Court and restriction of travelling, this has not been possible, and one regional inspector was able to carry out only two annual surveys instead of the usual ten.

In the course of these visits attention was given to such things as the quality of domestic water supplies, the disposal of nightsoil, garbage disposal and drainage, sites for the proposed installation of septic tanks, infectious diseases, housing conditions, and sanitation at schools, halls, tourist resorts, recreation grounds, reserves and beaches.

When necessary, local authorities were advised of matters requiring attention or improvement, and follow-up inspections were made later to ascertain if action had been taken.

Details of the inspections (excluding those carried out by part-time inspectors in municipalities in which the Department undertakes health services by agreement) are as follows:—

	No. of inspections.	*Matters requiring attention.*
Aerodromes	10	....
Bakehouses	153	38
Buildings plans/buildings	9	....
Butchers' shops	248	72
Chemists' shops	4	....
Dairying premises and milk depots	38	10
Disinfection and fumigation	4	....
Domestic inspections	96	10
Drainage	168	57
Food premises (including eating houses)	549	71
Fruit processing factories	6	....
Garbage tips and sites	68	12
Guest houses	89	24
Hairdressing establishments	20	3
Hospitals (inspection of utensils)	12	....
Land sub-division	23	....
Licensed premises	471	352
Miscellaneous	47	....
Mutton bird premises	927	140
Offensive trades	178	56
Pickers' huts	193	25
Places of public entertainment	115	37
Reserves, beaches, show and recreation grounds	119	15
Saleyards	8	....
Sanitary depots and services	45	11
Scallop sheds	20	8
Schools	112	16
Septic tank sewerage schemes	7	....
Septic tanks, including plans and sites	2638	253
Spirits (alcoholic tests)	814	3
Sewerage schemes	3	....
Stables	11	2
Surveys for drainage schemes	10	....
Water supplies	34	4
Totals	7249	1189
Last year	6801	765

All orders served under the Public Health, the Food and Drugs and the Places of Public Entertainment Acts were complied with, without recourse to legal proceedings.

A butcher was prosecuted for keeping swine on premises not conforming to the Offensive Trades Regulations under the Public Health Act, 1935, and was fined twenty-five pounds plus costs. The owner of licensed permises was prosecuted for selling adulterated spirits, and was fined ten pounds plus costs.

The liaison which was established last year between the Department and the Licensing Court, whereby state health inspectors accompany licensing court inspectors on their inspections of all licensed premises throughout the State, is working very satisfactorily, but entails much extra work for the depleted staff, which is resulting in a great deal of sanitary survey work being dropped. The Health Certificate for each licensed premises is now issued by the Departmental Inspector, whereas originally it was issued by the medical officer of health of the local authority. We feel that, unless the inspectorial staff is brought up to strength, our liaison work with the Licensing Court and the Tourist Bureau will have to be discontinued; otherwise, survey work, which is our main and most important activity, will be curtailed considerably. This year there were 578 fewer inspections carried out than last year, and inspectors were unable even to complete their survey programme for the year. We would

mention here that inspections of licensed premises and guest houses bring in a revenue of several hundred pounds a year, which would contribute towards the pay of an additional inspector.

Health Inspectors.

Two examinations were held during the year under the auspices of the Royal Society for the Promotion of Health (formerly the Royal Sanitary Institute). Seven sat for the Sanitary Inspector's Certificate, six of whom passed, and the four inspectors who sat for the Sanitary Sciences examination all passed.

Three of the men who qualified as health inspectors have not applied for advertised positions of Health Inspector, so it seems that they have no intention at present of taking it up as a profession. One qualified inspector has left the State for a position in Victoria and another has retired. There is therefore still a shortage of available qualified men in the State, and there is very little improvement in this position, in spite of the fact that nineteen men have qualified at the three examinations held during the past six years. There are fewer qualified health inspectors in this State at present than there were fifteen to twenty years ago.

At the present time, classes for students are being held at the Hobart Technical College, for Sanitary Inspectors and Inspectors of Meat and other Foods.

Drainage.

Insufficient provision for the disposal of household drainage in unsewered areas still constitutes a major problem, and a considerable proportion of the health inspectors' time is spent in investigating drainage complaints and in advising and devising ways and means to abate nuisances arising from bad drainage. There is a steady increase in complaints, all of which have to be investigated, plus numerous requests for technical advice from council inspectors on drainage problems. This year there were 168 complaints, as compared with 123 for last year.

Encouragement is still being given to householders to participate in party drainage schemes, and a number of these have been successfully launched during the year. In this arrangement, several householders share the cost of a common drainage scheme to take sullage water and septic tank effluent to an approved point, whence it is piped to the nearest tidal water or polluted stream.

Septic Tanks.

Applications for the installation of 1,500 septic tanks were received and attended to during the year, a decrease of 39 compared with the previous year's record. Out of the above number, 1,427 tanks were approved, and 73 rejected for various reasons.

In some districts the demand for septic tanks is increasing to such an extent that the Department is compelled to refuse new installations on account of saturation point having been reached and the effluent of previously installed tanks creating nuisances.

Control over septic tanks has been tightened during the year, and applications for hundreds of tanks have not been accepted on account of the unsuitability and size of the ground available. A number of estate agents are selling blocks of land to clients under misrepresentation, leading the client to believe that septic tank sewerage will be available, which in many cases is false. Some estate agents, when auctioning blocks of land on subdivisions, inform their prospective clients that each block will be judged on its merits, whereas in reality the Department may have barred the subdivision altogether from the installation of individual septic tanks, unless the effluent is piped to the sea by an approved drainage scheme. A number of prospective block buyers are now aware of these dodges, and are contacting the health inspectors for advice before buying; ample evidence available of the need for legislation to make sub-dividers of land in certain areas provide and instal drains to approved discharge points.

Septic tanks to the number of 664 were licensed during the year, whilst over 3,200 tanks await final inspection.

In a few subdivisions communal septic tanks have been permitted, on the understanding that the servicing of the tank becomes the responsibility of the local authority, which makes a small service charge on each householder.

Food and Drugs.

Three hundred and two food samples, including 202 milk samples, were purchased for analysis. Warnings were issued to four suppliers, and legal proceedings were instituted in two instances of added water.

During the year surveys were conducted on the following items for analysis, to check standards of various manufacturers and general marketing trends:—

Ale and beer

Cordials

Toys (for lead content of paint)

Soup mixture.

The labelling of foodstuffs constitutes a vital aspect in regard to the Division's duties. A number of false and misleading claims in labelling were detected, and are now the subject of discussion with the manufacturers, with the object of correction, failing which legal proceedings may be instituted.

The modern trend towards the widespread introduction of deep frozen foods into the retail trade has brought new problems in respect of the type of freezer unit, the type of packaging material and the variety of goods displayed. In conjunction with this trade, the trend towards introduction of pre-packaged meat is now apparent. This aspect is being investigated, together with deep frozen foods, and the Division is in communication with all other Australian States, which are also confronted with the problem of preparing new legislation to safeguard and protect the consumer.

Mutton Bird Industry.

Three inspectors were engaged again on supervision of this seasonal industry, to consolidate the work of improving processing premises, and ensuring the preparation of an improved product for the retail market.

The value of the introduction of the officially designed processing shed was apparent. It made easier the task of the processor and employee in the protecting and handling of the birds under hygienic conditions at all times. The owners of other types of sheds are incorporating constructional and other features from the official plan when altering their premises. Ten new processing sheds have been completed during the last three years, and four more are subject to orders for renewal before next season.

There has been a vast improvement in the temporary living quarters for employees and fresh water storage, especially on Babel, thus enabling a higher standard of personal hygiene to be maintained by personnel engaged in the industry.

Light aircraft for inter-island travel, replacing the slow and unsafe boat transport, was again used during the season. This has resulted in saving of time, greater utilisation of staff and greater convenience for staff engaged on supervision work.

This Division has again received the full co-operation of members and staff of the Animals and Birds Protection Board and Lands and Surveys Department, in maintaining an effective system of unified control over the industry, which has been responsible for the rapid progress made to date.

Places of Public Entertainment.

One hundred and fifteen places of public entertainment were inspected during the year, with the object of enforcing the regulations in respect of sanitation, seating accommodation, ventilation, overcrowding, fire appliances and general safety of the public. Of this number, 37 places were found to be contravening regulations, and action was consequently taken to bring them into line and up to standard.

Numerous plans of proposed halls, with additions and alterations to existing buildings, were examined by the Panel which assists the Director of Public Health, and their reports aim at affording healthier conditions for the public.

Conclusion.

In conclusion, we wish to thank the staff for their co-operation and assistance during the year.

H. T. D'ALTON, Senior Inspector.

W. WOLNIZER, Acting Senior Inspector.

APPENDIX VII.

REPORT OF THE SCHOOL MEDICAL OFFICER FOR THE YEAR ENDED 30th JUNE, 1957.

After nearly 20 years the Tasmanian School Health Service has developed into an advisory service which is readily available to most schools in the State.

Its principal aim, the continuous supervision of each child's physical, mental and emotional well-being, remains unaltered. The need for full co-operation between parent and teacher, on the one hand, and school medical staff, on the other, has been accepted, as has the value of the former's observations in the early recognition of

physical defects and behaviour problems. An effort is made to arrange for the parents' attendance at a child's first medical examination, while home visiting by school sisters has increased to become one of the most important aspects of their work.

It has been appreciated that the actual diagnosis of a defect or departure from normal must be followed by an accurate assessment of its extent and its possible effect on the child. Whether treatment is indicated must be considered in relation to the attitude of the parents and the treatment facilities available to the particular child, while it is essential to follow up cases recommended for treatment to ensure that medical attention has been sought.

It appears that further development of the service depends on maintaining adequate staff with the opportunity for advancement within the service and the provision of in-service training of medical officers and sisters with particular emphasis on mental health, parent interviews, home visiting and health education. In addition it is essential that all children in country districts as well as the cities have equal opportunity to obtain advice and treatment by specialists and dentists, child guidance and speech therapy clinics.

Staff.

The resignation of Dr. H. P. Morris and Dr. E. B. Tunbridge reduced the strength of the full-time medical staff to two. This was partly offset by the part-time appointment of Dr. Audrey Officer in the South where it has been possible, with the part-time assistance of Dr. Mary Young also, to keep the work in all schools up to date. Dr. J. B. Mackie has continued examinations in the North-West while Dr. Mona Hatherley has again visited the schools in the Circular Head and Wynyard districts. Unfortunately there has been no replacement yet for Dr. Tunbridge in Launceston.

The only change amongst the school sisters was the resignation of Sister F. M. Hewitt after 3½ years of excellent service. Sister V. Clark was appointed to fill this vacancy.

School Medical Examinations.

Total number of children examined	23,613	
Number with defects requiring treatment	8,762	37.5%
Number normal	14,851	
Dental defects	5,735	10,903
Physical defects	5,168	

Physical Defects.

Orthopaedic	1,667	Posture	935
		Limbs	680
		Other	52
Eye defects	1,065	Vision	775
		Squint	194
		Other	96
Tonsils, adenoids glands	774		
Nutrition	504	Underweight	229
		Overweight	176
		Anaemia	99
Skin and hair	326		
Ears	318	Hearing	156
		Otitis	27
		Other	135
Urogenital defects	140		
Thyroid	89		
Lungs	35		
Speech	35		
Heart	32		
Hernia	32		
Mental stability	12		
Others	139		
Total	5,168		

Of these, 623 dental defects and 766 physical defects are known to have been treated. In addition, 2,648 dental and 2,603 physical defects notified in the previous year have been corrected.

Details of medical examinations by individual medical officers are as follows:—

Name	*No. of Schools visited.*	*Children examined.*
Dr. Heather Gibson	47	8,645
Dr. J. B. Mackie	38	4,821
Dr. M. Hatherley	26	4,006
Dr. A. Officer	32	3,448
Dr. E. B. Tunbridge	14	1,885
Dr. Mary Young	22	664
Govt. Medical Officers	3	143
	181	23,613

School sisters continued their regular supervision of health and hygiene. They made 93,260 contacts with children in the preparation for and follow-up after medical examination, and treated 3,590 minor casualties. During the year, 2,546 parents took advantage of the sisters' attendance by interviewing them at the schools, 1,654 at the time of the medical examination, while 6,485 home visits were made to discuss the health of individual children with their parents.

This year school sisters played a big part in the poliomyelitis vaccination campaign, particularly in country districts. They also assisted when possible in diphtheria-tetanus immunisation at their schools.

A conference and refresher course for school medical and child health sisters was held in September, when Dr. F. W. Clements gave a course of lectures, and led many interesting group discussions. Some of the Hobart staff assisted Dr. Clements in a milk survey in the goitrous Huonville district, while throughout the State Miss Howeler and school sisters continued their valuable nutrition surveys in several schools.

Arrangement of holiday groups for the Sunshine Home has been carried out by Miss Young after the selection of suitable children by school sisters.

In conclusion I would like to thank the Director for his encouragement and interest in the activities of the School Health Service.

HEATHER B. GIBSON, M.B., B.S.,
School Medical Officer.

APPENDIX VIII.

REPORT OF THE SCHOOL DENTAL SERVICE FOR THE YEAR ENDED 30th JUNE, 1957.

Although there are 21 Dental Officers listed in this report, I would like to point out that only 13 worked the full year owing to resignations and some joining during the year. Details are as follows:—

Richardson	7 months	resigned
Stubbings	13 weeks	resigned
Walton	6 weeks	resigned
Lee	5 months	joined
Baja	4½ months	joined
P. Chin	4 months	joined

Carter and Fisher are employed by the Electrolytic Zinc Co. and the Bell Bay Aluminium Co. respectively and only work about half a day a week for us.

Three Dental Officers resigned and three new ones joined up during the year.

There is still a large amount of conservative work being done. There were 41,598 fillings completed. This is slightly lower than last year but there was an increase in the number of treatments, about 4,000 more than last year.

It is unfortunate that every year we get a few resignations, thus leaving certain districts without a Dental Officer for long periods. The ones to suffer most in this respect last year were Queenstown, Smithton and Fingal districts.

This year we need five new dentists; one for the Fingal-St. Marys district and one for the Wynyard district. At present the Smithton District Officer is trying to do both Smithton and Wynyard districts. We also need three new Dental Officers so that the districts can be re-organised and made smaller to allow the clinics to visit the schools more often.

The practice of visiting King and Flinders Islands twice a year has been kept up and, according to all reports from the officers visiting there, this routine seems to be paying dividends, and the dental health in those centres has vastly improved. The officers are amazed to find how dentally minded the parents are, particularly on King Island.

Dental Education.

Good use is being made of films on oral hygiene, &c., supplied by the Public Relations Officer. These are popular, not only with the children but with adults also, and are being shown wherever possible to Parents and Friends' Associations, &c. I would like to see a few more of these films supplied, so that they could be shown more often.

Mobile Clinics.

Some of the old clinics, which I reported last year as being in bad repair, are still giving trouble, mostly electrical and probably caused through leaks in the roof. The Transport Officer takes a serious view of the condition of these clinics and thinks that they should be replaced.

Re-organisation.

During the year the Dental Services were re-organised and made into three regions, with a Regional Dental Officer in charge of each region. They in turn were responsible to the Regional Medical Officer, who represented the Director on all administrative matters. The Senior School Dental Officer under the re-organisation has no administrative powers, but is supposed to supervise all professional dental matters. This of course proved to be too cumbersome and had to be discontinued in part.

I wish to commend Mr. Fraser on the intelligent manner in which he has serviced the equipment in all clinics. It has been a great help to the Service and has saved many working hours.

In conclusion I would like to say that the School Dental Service has never been more popular or effective than it is today in evidence of which is the increasing number of anxious enquiries from organisations, such as Parents' Associations, Head Teachers, &c., as to when a dental clinic will be visiting their districts. Also the increase in the percentage of parents consenting to have their children treated by the school dentist in my opinion shows increased appreciation and confidence in the Service.

It is also noticed in many areas that the children have not the same fear of the dentist as once used to be the case. This I think is because of the intensive conservative work which has been the policy for some years now, whereby the deciduous teeth are being filled without pain, thus giving the children confidence to have work done when they grow older. If we had a few more dentists, so that the children could be seen more often, it would ensure that the good work already done would not be wasted and would improve the dental health of the community immensely.

A. W. SCOTT,

Senior School Dental Officer.

Statistics.

A total number of 48,560 visits was paid to the clinics, comprising 19,270 new visits and 29,290 repeat visits.

The following districts were afforded dental treatment: Hobart, Launceston, Burnie, Devonport, Railton, Latrobe, Penguin, Ulverstone, Deloraine, Mole Creek, Chudleigh, Stanley, Boat Harbour, Wynyard, Westbury, Snug, Margate, Kingston, Sandfly, Cygnet, Campania, Colebrook, Orford, Sorell, Levendale, South Arm, Dunalley, Bream Creek, Nubeena, Bicheno, Swansea, Triabunna, Brighton, Bridgewater, Richmond, Ouse, Hamilton, Ellendale, Westerway, New Norfolk, Maydena, Waratah, Guildford, Queenstown, Strahan, Tullah, Zeehan, Rosebery, Beaconsfield, Exeter, Georgetown, Flinders Island, Currie and Grassy, King Island, Scottsdale, Bridport, Springfield, St. Helens, Winnaleah, Mathinna, Fingal, Moogara, Parattah, Red Hills and Nabowla.

Treatments were afforded as follows:—

X-Ray treatments	28
Orthodontic treatments	115
Treatments	64,514
Fillings	41,598
Extractions	22,340
Cleaning	2,200
Total	130,795

Individual totals were as follows:—

	New Visits.	Repeat Visits.	Totals.	Treatments.	Fillings.	Extractions.	Cleaning.	Totals.
A. W. Scott	971	843	1,814	2,670	1,361	1,191	74	5,296
F. R. Jarrett	1,348	1,770	3,118	3,855	2,255	1,436	30	7,576
H. E. Brearley	2,362	3,950	6,312	10,060	4,182	1,382	27	15,651
P. C. Brothers	1,348	1,678	3,026	5,798	3,976	963	24	10,761
P. Elias	1,858	2,590	4,448	5,413	4,240	1,439	21	11,113
D. Macdonald	2,074	1,363	3,437	2,591	2,175	2,795	427	7,988
L. B. Holmes	1,581	2,646	4,227	6,448	3,719	1,916	340	12,423
S. R. Piercey	670	1,871	2,541	2,101	2,234	1,809	158	6,302
L. L. Thomson	1,165	2,013	3,178	4,382	1,688	1,305	436	7,811
P. D. Evans	903	1,518	2,421	5,221	3,966	924	153	10,264
K. Williams	616	1,248	1,864	1,803	2,503	882	22	5,210
C. Chin	798	1,186	1,984	1,699	2,124	1,521	324	5,668
E. Deas-Thomson	896	1,745	2,641	2,720	1,649	1,528	55	5,952
K. P. Lee	662	857	1,519	1,589	300	585	16	2,490
E. A. Baja	407	666	1,073	1,526	1,219	155	9	2,909
P. Chin	609	606	1,215	1,970	598	219	46	2,833
H. Carter	176	575	751	281	470	380	16	1,147
M. Fisher	26	227	253	422	204	190	6	822
J. B. Richardson	445	1,024	1,469	2,439	1,603	766	....	4,808
J. C. Stubbings	209	569	778	1,111	754	298	12	2,175
B. T. Walton	146	345	491	558	378	656	4	1,596
Totals	19,270	29,290	48,560	64,657	41,598	22,340	2,200	130,795

APPENDIX IX.

REPORT OF THE NUTRITION OFFICER FOR THE YEAR ENDED 30th JUNE, 1957.

The general pattern of research, teaching and community services developed by the nutrition services during recent years has been continued.

Research.

As a special research project, a dietary study was conducted at the Royal Hobart Hospital, to investigate the hypothesis that an increased fibre content in the diet (or factors associated with the fibre) of expectant mothers tends to prevent toxaemia. Statistical evaluation of the results showed that the fibre intakes were very low in toxaemic mothers if compared with the fibre intake of well mothers. This is thought to be due to a high intake of fresh bread, butter and jam, and other starchy foods, and a low intake of vegetables and fruits by toxaemic mothers.

Four dietary surveys have been carried out in the schools in smaller Tasmanian townships, where nutrition education seems more necessary than in the larger towns. It was noticed that an immediate evaluation of data and

consequent parents' meetings resulted in an increased use of school milk and in some instances in an improvement in the range of foods available in school tuck shops. The carrying out of surveys with the help of the School Medical Sisters has proved to be of great value. The sisters now notice a great variety of nutrition problems in the schools and request assistance in solving them. They have asked, e.g., for discussions with overweight girls in high schools and for talks with girls in boarding schools about the value of eating breakfast, vegetables &c.

Nutrition Teaching.

The number of nutritional courses at different educational levels is steadily increasing. All mothercraft nurses (6 lectures); child health sisters (10 lectures); all teachers-in-training (4 lectures); domestic science teachers-in-training (12 lectures); pre-school teachers-in-training (12 lectures) now receive nutrition education. In these courses, not only factual nutrition information is given, but also much time is spent on how to disseminate this information to different age groups.

Nutrition Community Services.

All year round nutrition talks have been given to groups of pre-school, primary and secondary-school parents; women's clubs, and Child Health Association annual meetings. Refresher talks on nutrition were given to all Child Health and School Medical Sisters. Nutritional assistance has continued to be given to new and established school canteens, tuckshops, and boarding schools. The co-operation received from other departments, such as Education, Agriculture, C.S.I.R.O. and Supply and Tender, has made it possible to improve our assistance given to the community.

J. F. HOWELER, M.Sc.,
Nutrition Officer.

APPENDIX X.

REPORT OF THE SUPERVISORY SISTER, CHILD HEALTH SERVICE, FOR THE YEAR ENDED 30th JUNE, 1957.

I have much pleasure in submitting the following report on Child Health work in Tasmania for the year ended June 30th, 1957.

Outdoor visits show a decrease of 3,318. We have been still shorter of staff than we were last year and have, also, in some areas assisted with the immunisation for poliomyelitis. St. Marys Centre was closed from 12.4.57 to the end of June. New Norfolk was without a resident sister from April 19th until June 26th.

Indoor visits show an increase of 4,087.

Staff.—At the end of June there were 44 members on the staff, 38 full-time, 6 part-time.

Centres.—There are 93 centres including 10 travelling units.

Maydena Centre has been taken over by the District Nursing Sister in that area.

Cars.—There are 10 departmental Holden cars. Mileage is paid to 18 members of the staff who are using their own cars for this work.

Immunisation—Triple Antigen:—

Moonah Centre	957
Bellerive	656
Warrane	920
Lindisfarne	519
Huonville	331
Total	3,383

Vaccinations:—

Moonah Centre	4

There was an increase of 1,096 Triple Antigen immunisations in this year.

Mothercraft Lectures to School-girls.—Senior girls in 39 schools were given lectures on elementary mothercraft. Five hundred and fifty-eight passed the required examination, and were given certificates.

Correspondence.—Mothers in isolated areas have written in for assistance with their many problems.

Iodine tablets have been given to children over the age of one year.

Student Nurses.—Thirty trainee nurses have completed their Post Graduate Course in Child Health—21 trained at the Mothercraft Home, and 9 at Calvary Hospital. Each student has at least three weeks' instruction on district work.

The period of Child Health training was increased, by Act of Parliament, from 4 months to 6 months on April 3rd, 1957, and came into effect when the June school commenced training this year.

Mothercraft Nurses.—Twenty-six students completed their course of one year—12 were from the Mothercraft Home, and 14 from Calvary Hospital.

Refresher Course.—Dr. F. W. Clements of the School of Public Health and Tropical Medicine, University of Sydney, gave a series of lectures in September. These were much appreciated by and most helpful to the members of the staff who had the privilege of attending them.

Sister Joyce spent two months in New Zealand observing the work of the Plunket Society. We record our thanks to the Karitane Products Society Ltd. and the Plunket Society of New Zealand for making this visit possible.

Consulting Doctors.—Dr. J. Millar and Dr. R. Wall attend the centres at Hobart and Launceston at regular intervals. Their help and advice is greatly appreciated.

Voluntary Organisation.—The work of the committee members throughout the State is much appreciated and, on behalf of the nursing staff, I wish to record our thanks.

I wish, personally, to thank the members of the nursing staff and also the staff of the Department of Health Services for their help and co-operation during the year.

E. O. FOSTER, S.R.N.,
Supervisory Sister.

The following is a list of centres, showing the number of Child Health Sisters employed at 30th June, 1957, together with country centres visited during the year:—

Centre and Out-Stations Visited by Sisters.	*No. of Sisters.*
Hobart—	
South Hobart	2 sisters 1 mothercraft nurse
North Hobart—	
Lenah Valley, West Hobart, Mt. Stuart	8 sisters
Moonah—	
Brighton	2 sisters
Glenorchy—	
Claremont, Collinsvale, Goodwood	1 sister 1 mothercraft nurse
Sandy Bay—	
Dynnyrne, Taroona, Kingston, Snug, Margate, Blackman's Bay	2 sisters (1 full-time, 1 part-time)
Bellerive—	
Lindisfarne, Montagu Bay, Dunalley, Sorell, Warrane	2 sisters
Huonville—	
Geeveston, Cygnet, Dover, Ranelagh	2 sisters
New Norfolk—	
Norfolk North, Bushy Park, Lachlan	1 sister
Launceston—	
Invermay, Newstead, Perth, Sandhill, Mowbray, Trevallyn, Longford, Evandale, Beaconsfield, George Town, King's Meadows	6 full-time sisters 1 part-time sister 1 mothercraft nurse
Deloraine—	
Westbury	1 sister
Smithon—	
Stanley, Irishtown, Forest, South Forest	1 sister
Wynyard—	
Boat Harbour, Somerset	1 sister
Burnie—	
Cooee, Wivenhoe, Upper Burnie, Highclere, Montello	2 full-time sisters 2 part-time sisters

Penguin .... 1 part-time sister

Ulverstone—
West Ulverstone .... 1 full-time sister
1 part-time sister

Queenstown—
Gormanston ... . 1 sister

Scottsdale—
Derby, Branxholm, Bridport, Winnaleah 1 sister

St. Marys—
Fingal, Mathinna, Cornwall ....

Devonport—
Latrobe, Sheffield, Railton, East Devonport, Port Sorell, Parker Street .... 3 sisters

Campbell Town—
Ross .... 1 sister

Pre-Natal .... 2 sisters

Travelling clinics working from St. Marys, Ulverstone, Smithton, Burnie, Campbell Town, New Norfolk, Bellerive, Devonport, Huonville and Wynyard.

APPENDIX XI.

REPORT OF THE MOTHERCRAFT HOME FOR THE YEAR ENDED 30th JUNE, 1957.

Only 25 mothers with their babies, including three sets of twins, availed themselves of our services for the adjusting of breast feeding difficulties.

Ninety-two (92) babies, without their mothers, were nursed. These were chiefly concerned with dietetic problems or were semi-premature babies, though we cared for a small percentage of boarder babies.

Several long-term babies caused us financial embarrassment, as nobody was interested in paying their fees.

A disconcerting number of parents is still not subscribing to a hospital and medical benefit scheme. If they genuinely try to pay the fees they are caused much anxiety, whilst others make little or no attempt to pay their accounts.

Payments by hospital and medical benefits Associations of only part of the mother's fees (if they pay any) still handicaps us severely in our work towards the promotion of breast feeding of babies. We trust that as the years go by more people will recognise the true value of breast feeding, if only during the early months of life. Meanwhile we carry on, feeling that we have lost considerable ground, particularly because of the financial obstacles in our pathway.

Ten mothercraft students completed their year's course of training, and there are fourteen in training at the present time. There is considerable satisfaction in seeing from ten to twelve young women going out each year better equipped to manage a home and young children. The greater number of these ex-students eventually marry and establish their own homes; their good influence is definitely growing amongst other young mothers. Our waiting list of would be trainees is steadily growing longer.

From the end of June, 1957, the Child Health course of training has been extended from four to six months' duration. It is too early to know if our classes will be filled, but while adjustments are being made the balance can be kept by calling in mothercraft trainees. At the present time we have five Child Health trainees undertaking the six months course, while twenty-one have obtained certificates during the year. This post-graduate course has, over the years, had considerable additions to the curriculum without corresponding additions of study time. The extra time of training will not affect finances for us; there will be fewer nurses trained during the year, but they should receive a more satisfactory grounding in Child Health nursing. All lecturers involved in this course will be even more grateful than the students, as it means only two instead of three groups of lectures each year—it was becoming very exhausting to the constant lecturer, myself.

One of our biggest weaknesses is lack of permanent trained staff. I am hoping that, with the extension of the Child Health course, more trained sisters will be interested to stay with us for longer periods than previously.

TASMANIAN CHILD HEALTH CENTRES

REPORT FOR YEAR ENDED 30th JUNE, 1957.

Centre	Visits to Individual new-born babies	Subsequent visits	Visits to expectant mothers	Miscellaneous visits	Total visits to homes	Individual babies at centres	New baby cases at centres
Total North.. ..	3,163	38,417	1,016	1,784	44,380	9,220	2,689
Total South ..	2,567	26,639	2,444	716	32,366	10,095	2,934
Grand Totals ..	5,730	65,056	3,460	2,500	76,746	1,935	5,623
For Year 1956 ..	6,010	67,645	3,448	2,961	80,064	18,348	5,604
Increase	—	—	12	—	—	1,847	19
Decrease ..	280	2,589	—	461	3,318	—	—

Centre	ATTENDANCES AT CENTRES: Babies	Miscellaneous	Pre-School Children	Older Children	Expectant Mothers	Telephone Calls	Total
Total North.. ..	50,000	5,847	9,483	1,736	711	3,372	71,149
Total South ..	49,977	870	8,795	1,100	627	3,378	64,747
Grand Totals ..	99,977	6,717	18,278	2,836	1,338	6,750	135,896
For Year 1956 ..	98,802	7,132	16,483	2,710	1,321	5,361	131,809
Increase	1,175	—	1,795	126	17	1,389	4,087
Decrease ..	—	415	—	—	—	—	—

The domestic situation continues to be satisfactory and again all the staff will qualify for annual recreational leave. No gifts from parents have been received during the year. The parents feel that hospital fees are sufficient contribution. A gift of £1 from D. &. W. Murray (Tas.) Staff Society was received in December, 1956, and placed in our Christmas Cheer Fund.

Our sincere thanks are extended once more to Dr. John Millar and Dr. N. Newman, for their unremitting care of the babies, and for their lectures. We also sincerely thank Dr. Moynagh for his psychology lectures, and wish to place on record our appreciation of the continued interest and enthusiasm shown by Miss J. Howeler for nutrition lectures.

E. M. LOCKE, Matron.

Section III.—Report of the Division of Tuberculosis for the Year Ended 30th June, 1957.

During the year ended 30th June, 1957, a total of 206 new tuberculosis cases were registered, being one more case than was recorded for the previous year.

The 206 cases this year were classified as under:—

Primary pulmonary tuberculosis ..	9
Pleurisy with Effusion	6
Pulmonary tuberculosis	164
Tuberculous meningitis	2
Other non-pulmonary cases	25
Total	206

Among the 206 notifications, 34 were ex-service personnel.

A comparison of the pulmonary and non-pulmonary cases over the past six years is given in Table N 1.

TABLE N1.

Year Ended	*Pulm.*	*Per Cent of Total*	*Non-Pulm.*	*Per Cent of Total*	*Total Cases*
30.6.52	169	88.9	29	11.1	198
30.6.53	185	85.6	31	14.4	216
30.6.54	164	81.2	39	18.8	203
30.6.55	152	80.4	37	19.6	189
30.6.56	180	87.8	25	12.2	205
30.6.57	179	86.9	27	13.1	206

TABLE N2.

Age groups of Cases Notified.

Age Group	*No. of Cases.*	*Percentage of Total.*
Under 15 years	25	12.2
15 to 24 years	28	13.5
25 to 34 years	34	16.5
35 to 44 years	28	13.5
45 to 54 years	37	18.0
55 to 64 years	25	12.2
65 to 70 years	15	7.3
Over 70 years	14	6.8

Notifications in the age groups 15 to 24 years and 25 to 34 years which last year represented approximately 44 per cent of cases notified have this year dropped to 30 per cent. A higher incidence has occurred in the under 15 years group, and among people 45 years of age and over. The group 35 to 44 has remained static. Persons of 65 years and over account for 14.1 per cent of cases notified, an increase of 1.4 per cent over last year's figures.

Sex, age and stage of disease of persons notified during the year is illustrated in Table N3.

TABLE N3.

Showing Age, Sex, Form and Stage of Disease.

Age Group.	Males.					Females.					Total Persons.				
	Minimal.	Moderately Advanced.	Advanced.	Non-Pulmonary.	Total.	Minimal.	Moderately Advanced.	Advanced.	Non-Pulmonary.	Total.	Minimal.	Moderately Advanced.	Advanced.	Non-Pulmonary.	Total.
Under 15 .	9	....	....	5	14	6	1	....	4	11	15	1	....	9	25
15 to 24	9	3	....	1	13	7	8	....	....	15	16	11	....	1	28
25 to 34	8	8	1	1	18	5	6	1	4	16	13	14	2	5	34
35 to 44	3	8	1	..	11	6	6	1	3	16	9	14	2	3	28
45 to 54	7	17	....	1	25	2	10	....	..	12	9	27	...	1	37
55 to 64	4	8	3	2	17	2	4	....	2	8	6	12	3	4	25
65 to 74	2	7	2	3	14	....	4	1	1	6	2	11	3	4	20
75 & over ..	....	3	4	....	7	....	1	1	....	2	....	4	5	....	9
Totals	42	54	11	13	120	28	40	4	14	86	70	94	15	27	206

It is noted that of the 179 pulmonary cases (which is one less than last year) the number quoted as advanced has dropped by 7 and the moderately advanced by 4, with an increase in the mimimal cases by 10. Of the 15 advanced cases, 8 or 53.3 per cent come within the age group 65 years and over.

TABLE N4.

Showing stage of disease at time of notification.

	Minimal	Moderately Advanced	Advanced	Total
1952-53	62=33.5%	98=53.0%	25=13.5%	185
1953-54	52=31.7%	90=54.9%	22=13.4%	164
1954-55	52=34.2%	83=54.6%	17=11.2%	152
1955-56	60=33·3%	98=54.4%	22=12.2%	180
1956-57	70=39·1%	94=52·5%	15= 8·4%	179

It is pleasing to note that the number of moderately advanced and advanced cases discovered this year shows a downward trend compared with figures for previous years.

This is a trend long expected in mass surveys but always difficult to obtain.

Sex of Notified Cases.

The figures this year still show the incidence of the disease higher among the male population although there is a slight drop, as compared with last year. The percentage of male notifications for the past five years is shown below.

1952-53	54.6%
1953-54	52.0%
1954-55	56.6%
1955-56	60.5%
1956-57	58.2%

Marital Status of Cases Notified.

Married persons	114
Single persons	74
Widow or widower	14
Separated	3
Divorced	1
Total	206

Source of Notification.

Private physicians	11
Chest clinics	38
Government medical officers	1
Public hospitals	77
Mass X-ray survey	79
Total	206

Of the total 179 pulmonary cases discovered, approximately 44.1 per cent were as a result of mass X-ray surveys. This medium still proves to be the major single factor in the diagnosis of pulmonary tuberculosis.

As mass radiology is of such great value in this important work, its compulsory use must be continued, as voluntary surveys which examine at times only 17 per cent of the community are quite valueless and represent what is considered to be a complete waste of time and money as far as the eradication of tuberculosis is concerned.

In addition, these surveys must be carried out at regular intervals as it seems to be equally useless to survey a large population once and do nothing further for ten years or more regarding the same group.

At the time of notification, it was found that the disease had been proved bacteriologically in 80 instances. In 33 cases the initial test proved negative, and in 66 cases no result of tests was given. A known family history of Tuberculosis existed in 67 cases.

Supervision of Cases.

At the time of notification it was considered that of the 179 pulmonary cases, 149 required chest hospital treatment. Admissions were effected as follows:—

Tasmanian Chest Hospital	75
Northern Chest Hospital	33
Repatriation Hospital	23
Vaucluse Hospital (children)	9
Vaucluse Hospital (adult, died prior to transfer to Tasmanian Chest Hospital)	1
Total	141

Two cases have since been admitted (one Repatriation Hospital), two admissions were still pending, one case was still being investigated in a public hospital, one patient transferred interstate, one was admitted to a private hospital for surgery and one case was still at home under treatment.

Table N5 shows the number of cases notified each month from each Municipality.

Occupations of new Cases.

The occupations of notified cases covered a varied field, and no particular industry could be quoted as raising an occupational hazard. Among the female notifications there is of course a preponderance of cases whose occupation is quoted as home duties, this is to be expected as approximately 50 per cent of the female notifications come within the 25 to 54 years age group.

Deaths during the Year.

Table N6 shows age and sex of persons whose death during the year was attributed to tuberculosis.

TABLE N6.

Deaths according to age group and sex.

Age Group.	*Males.*	*Females.*	*Total.*
Under 15 years	..	1	1
15-24 years	....	..	....
25-34 years	1	..	1
35-44 years	....	1	1
45-54 years	5	1	6
55-65 years	6	1	7
Over 65 years	7	4	11
Total	19	8	27

Of the 27 deaths recorded, it is found that 11, or 40.7 per cent, were persons over 65 years of age. The average age for all deaths being 59.2 years. The above figures show a continued decline in the tuberculosis death rate—8.18 per 100,000 persons. In 25 instances death occurred whilst the patient was undergoing hospital or institutional treatment. During the year 11 deaths occurred among persons notified during the year. Two were from tuberculous meningitis. Two were discovered as a result of post mortem examinations, one of which the death actually occurred in the previous year, but it was not notified till this year. The death of another patient (a child) took place after transfer interstate for operation.

Tuberculosis among Immigrants.

During the year 13 immigrants, an increase of 3 for the year, were notified as tuberculosis sufferers, 11 being of a pulmonary nature, and 2 non-pulmonary cases. The countries from which they migrated were shown as England, Scotland, Italy, Spain, Latvia, Holland, Austria, Yugoslavia, Lithuania, one each, Germany two, China two (one a white Russian).

Tuberculosis Allowances.

At the beginning of the year there were 222 persons in receipt of the tuberculosis allowance. During the year a further 202 claims were received of which 155 were granted, plus 7 transferred from other States. Cancellations on account of death, husband's income, medical grounds &c., were effected in 175 cases, leaving 209 current allowances at the end of the year, a decrease of 13 during the year.

TABLE N7.

State Tuberculosis Register.

	Pulm.	*Non-Pulm.*	*Repat.—Pulm. and Non-Pulm.*	*Total.*
Cases registered as at 30.6.56	1,664	278	488	2,430
New notifications to 30.6.57	147	25	34	206
Total	1,811	303	522	2,636
Deceased (all causes)	31	2	5	38
	1,780	301	517	2,598

Transferred from non-pulmonary to pulmonary register	+2	—2		
	1,782	299	517	2,598
Transferred from other States	9	....	....	9
	1,791	299	517	2,607
Transferred to other States	9	....	....	9
Net total 30.6.57	1,782	299	517	2,598

Pulmonary Cases.

Active Register:		
Total at 30.6.56		321
New cases to 30.6.57		147
Transferred from Inactive Register		25
Transferred from other States		7
Total		500
Less:		
Deceased	13	
Transferred to Inactive Register ..	140	
Left State	6	
		159
Total at 30.6.57		341
Inactive Register:		
Total at 30.6.56		1,323
Transferred from Active Register		153
Transferred from other States		2
Transferred from Non-Pulmonary Register		2
Total		1,480
Less:		
Deceased	11	
Transferred to Active Register	25	
Transferred to other States	3	
		39
Total at 30.6.57		1,441

TABLE N5.

1956-57.

Municipality.	July	August	September	October	November	December	January	February	March	April	May	June	Total.
Beaconsfield ..	....	1	1	....	....	....	..	1	....	....	....	....	3
Bothwell	....	....	....	....	....	....	....	....	....	....	....	....	....
Brighton	....	....	....	....	....	....	....	....	....	....	....	....	....
Bruny	....	....	....	....	....	....	....	....	....	....	....	....	....
Burnie	1	1	1	1	....	1	....	2	1	....	....	....	8
Campbell Town ..	....	....	1	....	....	....	....	....	....	....	....	....	1
Circular Head	1	....	....	....	....	....	....	....	....	....	....	....	1
Clarence	2	....	....	6	3	2	1	1	....	1	1	3	20
Deloraine	....	2	....	....	....	....	....	....	....	....	....	1	3
Devonport	1	....	3	....	....	....	....	....	....	....	....	....	4
Esperance	....	....	....	....	....	....	....	....	....	....	....	1	1
Evandale	....	....	....	....	....	....	....	....	....	....	....	....	....
Fingal	1	..	....	....	....	....	....	....	....	....	....	....	1
Flinders	....	....	1	....	....	....	....	....	....	....	....	....	1
George Town	....	1	....	....	1	....	....	1	....	....	....	....	3
Glamorgan	....	..	....	....	....	....	....	....	....	....	....	....	....
Glenorchy	..	2	1	2	2	2	3	....	1	2	2	....	17
Gormanston	....	1	1	....	....	....	....	....	....	....	....	....	2
Green Ponds	....	....	....	....	....	....	....	....	....	....	....	....	....
Hamilton	....	....	....	....	....	2	....	1	....	1	1	....	5
Hobart	4	4	8	5	5	4	3	1	4	3	1	1	43
Huon	1	2	....	3	1	....	....	....	....	....	....	....	7
Kentish	....	....	....	....	....	....	....	....	....	....	....	1	1
Kingborough	1	1	1	1	1	....	1	....	....	....	....	1	7
King Island	....	....	....	....	....	....	....	1	....	....	....	....	1
Latrobe	....	....	....	....	....	....	....	....	....	....	....	....	....
Launceston	5	1	3	2	2	2	2	1	1	2	2	3	26
Lilydale	....	....	....	....	....	....	....	....	....	....	....	....	....
Longford	1	....	1	....	....	....	....	....	1	2	....	....	5
New Norfolk	....	1	1	1	2	....	3	....	....	....	1	....	9
Oatlands	1	....	....	....	....	....	1	....	....	....	....	....	2
Penguin	....	1	1	....	....	1	....	....	....	....	....	....	3
Port Cygnet	....	....	....	....	....	....	....	....	....	....	....	....	....
Portland	....	....	....	....	....	....	....	....	....	....	....	....	....
Queenstown	....	....	1	1	....	1	....	....	1	6	2	3	15
Richmond	....	....	....	....	....	1	....	....	....	....	....	....	1
Ringarooma	....	....	....	....	....	....	....	....	....	....	....	....	....
Ross	....	....	....	....	....	....	....	....	....	....	....	....	....
Scottsdale	....	....	....	....	....	....	....	....	....	1	....	....	1
Sorell	....	....	....	....	....	....	1	....	....	....	....	....	1
Spring Bay	....	....	....	....	....	....	....	....	....	....	....	....	....
St. Leonards	....	....	....	....	....	....	....	....	....	....	....	....	....
Strahan	....	....	....	....	....	....	....	....	....	1	....	....	1
Table Cape (Wynyard)	1	....	....	....	....	....	....	1	....	....	....	....	2
Tasman	....	....	....	....	....	....	....	....	....	....	....	....	....
Ulverstone (Leven)	1	1	....	....	....	....	1	1	....	....	....	....	4
Waratah	.	..	....	....	....	....	....	....	....	....	....	....	....
Westbury	..	....	1	1	....	....	....	..	....	....	1	....	3
Zeehan	1	....	1	....	....	....	....	....	....	....	1	1	4
Total Cases	22	19	27	23	17	16	16	11	9	19	12	15	206
Pulmonary	18	19	26	20	12	14	13	8	8	18	10	13	179
Non-Pulmonary	4	Nil	1	3	5	2	3	3	1	1	2	2	27

Clinical Status of Cases in Active Register.

Active cases	201
Arrested cases	136
Undetermined	4
Total	341

Tasmanian Chest Hospital, New Town.

	Males.	*Females.*	*Total.*
Patients in hospital 1.7.56	53	37	90
Patients in hospital 30.6.57	54	39	93
Patients on transfer to Royal Hobart Hospital for surgery 30.6.57		4	4
Patients on transfer to Repatriation Hospital for surgery 30.6.57		1	1
Vacant beds at hospital		Nil	

Maintenance Expenditure for Financial Year ended 30th June, 1957.

	£	s.	d.
Salaries and wages	59,890	0	0
Medicines and provisions	19,977	0	0
Domestic maintenance	6,852	0	0
Financial charges	126	0	0
Maintenance of Equipment	5,816	0	0
Maintenance, buildings and grounds	2,721	0	0
Incidentals	705	0	0
Total	£96,087	0	0
Daily average cost per bed	£2	17	3
Total bed-days, 1956-57	33,570		

Admissions, Discharges, Deaths.

	Males.	*Females.*	*Total.*
Patients in hospital 1.7.56	53	37	90
Patients returned from leave	2	....	2
Patients returned from Royal Hobart Hospital	3	2	5
Patients admitted during year	84	57	141
Total treated	142	96	238
Discharges—			
Regular discharges 107			
Irregular discharges 7			
Discharged for disciplinary reasons 5	85	56	141
Transfers—			
Repatriation Hospital 3			
To Northern Chest Hospital 19			
Deaths	3	1	4
On transfer to Royal Hobart Hospital for surgery	....	4	4
On transfer to Repatriation Hospital for Surgery	....	1	1
Remaining in hospital 30.6.57	54	39	93
Daily average number resident during year	49	43	92
Average length of residence of patients (regular) discharged	187	230.6	208.3

Stage of Disease on Admission.

Minimal	30
Moderately advanced	75
Advanced	18
Ex-surgical (transfer from Royal Hobart Hospital)	4
Ex-Northern Chest Hospital (Transfer)	11
Non-Pulmonary	3
	141

Clinical and Bacteriological Status on Regular Discharge.

Sputum negative	107
Sputum positive	....

Treatments Carried Out.

Partial resection of lung	37
Pneumonectomy	3
Thoracoplasty	7
Plombage	2
Bronchoscopy	1
Phrenic crush	7
Decortication of lung	1
Pathology—	
B.S.R. estimations	714
Gastric culture	155
Sputum tests—	
(*a*) Direct smear	369
(*b*) Sputum concentration	25
Blood counts (T & D.)	92
Urine tests (Micro)	293
Gastric test meals	2
Other bacteriological tests	153
Pathological sections	38
Patients mantoux tests	12
Staff mantoux tests	50
Radiography—	
X-rays patients	900
X-rays staff	203
Tomography (patients)	87
Physiotherapy—	
Patients undergoing physiotherapy during the year	101
Dental—	
Complete dentures	48
Fillings	73
Extractions	53
Minor operations	82
Visits	384

Accommodation.

During the year under review full use has been made of all available hospital beds (98).

Patients.

As shown by the statistical report, the result of surgical, chemotherapy, nursing and physiotherapy treatments carried out continue to give a highly satisfactory result.

Occupational Therapy.

The patients continue to take advantage of this facility and its diversional therapy has proved most acceptable to all the patients.

Staff.

I express my gratitude to the staff of this Hospital for the conscientious and loyal way in which they have all carried out their duties during this year.

Auxiliary.

This committee has continued to assist in the welfare and diversional activities of the patients. The administration and the patients are most appreciative of the fine work it is doing.

Devotional.

Ministers of Religion continue to pay attendance on the patients and devotional services are regularly conducted.

General.

Surgical Clinics.—Fortnightly surgical clinics have been carried out in co-operation with the surgeon.

Dental.—Dental care for the patients has been provided weekly by an officer of the Public Health Department.

Visiting Specialists.—Visiting specialists rendered specialised treatments to patients during the year under review, but to a much lesser degree than the previous twelve months.

Northern Chest Hospital.

In-patients.

	Males.	*Females.*	*Total.*
Beginning of the year 1956-57	30	14	44
End of year	20	25	45
Vacant accommodation, end of year	16	6	22

Maintenance Expenditure for Financial Year Ended 30th June, 1957.

	£	s.	d.
Salaries and wages	33,348	0	0
Medicines and provisions	14,194	0	0
Domestic maintenance	4,779	0	0
Financial charges	76	0	0
Maintenance equipment	1,988	0	0
Maintenance buildings and grounds	3,311	0	0
Incidentals	1,258	0	0
Total	£58,954	0	0
Daily average cost per bed.	£3	8	0
Total bed-days, 1956-57	17,329		

Admissions, Re-Admissions, Discharges and Deaths.

	Males.	*Females.*	*Total.*
Patients in hospital, 1.7.56	30	14	44
Admissions	49	42	91
Total treated	79	56	135
Patients discharged during the year	54	29	83
Deaths during the year	5	2	7
Total discharges and deaths	59	31	90
Patients remaining in hospital 30.6.57	20	25	45
Patients discharged against medical advice	1	1	2
Patients discharged for disciplinary reasons	....	....	....
Daily average number resident during year	24.4	23	47.4
Average length of residence of patients discharged (days)	168	202	....

Stage of Disease on Admission.

Minimal	8
Moderately advanced	29
Advanced	41
Ex-surgical	12
Diagnosis revoked	1
	91

Clinical and Bacteriological Status on Discharge.

Sputum negative	75
Sputum positive	8

Treatment Carried Out.

Partial resection of lung Pneumonectomy Thoracoplasty Plombage Cavernostomy	Nil.

Pathology—

B.S.R.	88
Gastric culture	33
Sputum tests—	
(*a*) Direct smear	516
(*b*) Concentration	12
Blood count, total and differential	73
Urine test (microscopy)	80
Gastric test meals	3

Radiography—

X-rays	612
Tomography	...

Physiotherapy—

Patients undergoing physiotherapy treatment during year	2

Dental—

Complete dentures	Nil
Fillings	82
Extractions	101
Minor operations	Nil
Cleaning	18

Dental.

Mr. Scott, Senior Dental Officer of the Public Health Department attended the hospital regularly during the year, and his service to our patients has been greatly appreciated.

Pathology.

These facilities have been extended within the hospital, and have proved of great benefit.

Auxiliary.

This body continues to take a great interest in the welfare of our patients, and again during this year have contributed generously to the entertainment of the patients.

The auxiliary is also to be sincerely thanked for their ready help to those in need of financial and other assistance.

Devotional.

Thanks are extended to the Ministers of Religion who attend our patients and conduct regular devotional services.

Works.

The installation of a system to increase the water pressure throughout the hospital was recently completed, and is proving of great benefit.

Occupational Therapy.

This facility has during the year proved very popular with most of the patients, and the work has been very ably directed by our occupational therapist.

CHEST CLINICS.

Table N8 shows the work of the various chest clinics throughout the year.

TABLE N8.

EXAMINATIONS—	*Hobart*	*Launceston*	*Devonport*	*Burnie*
Notified cases commencing attendance	60	20	9	13
Cases referred from mass survey for investigation	148	49	15	6
Cases referred by private medical practitioners	57	17	27	12
Contacts registered at chest clinics	321	232	107	92
Total new cases registered	586	318	158	123
Total attendances	4,662	7,589	1,199	1,102

Treatment and Investigations—	*Hobart*	*Launceston*	*Devonport*	*Burnie*
X-ray examination, 17 x 14	2,400	1,326	542	360
Miniature X-rays	1,350	....	....	....
Sputum tests	614	521	51	53
Gastric lavages	72	39	4	4
Mantoux tests	3,713	1,467	201	203
B.C.G. vaccinations	251	203	18	21
Blood sedimentation rates	12	429	3	9
Domiciliary visits	632	537	174	168

B.C.G. Vaccination.

Statistics regarding B.C.G. vaccination carried out at the various chest clinics are given in Table N9.

TABLE N9.

Statement Showing Persons Receiving B.C.G. Vaccinations.

	Hobart	*Launceston*	*Devonport and Burnie*
Infants at special risk	21	....	....
CONTACTS AND NURSES—			
(i) Mantoux tested	526	520	178
(ii) Mantoux positive	270	104	79
(iii) Mantoux negative	256	414	99
(iv) Vaccinated	217	203	46
NATIONAL SERVICE TRAINEES—			
(i) Mantoux tested	817	....	....
(ii) Mantoux positive	175	(66 of these had B.C.G. previously)	
(iii) Mantoux negative	641	....	....
(iv) Vaccinated	638	....	....
(v) Mantoux positive after vaccination	589	....	....
(vi) Mantoux negative after vaccination	31	....	....
(vii) Not checked after vaccination	18	....	....

EPIDEMIOLOGICAL SURVEYS.

Annual Report on School Mantoux Test Surveys
Year Ended 30th June, 1957.

School	Tested	Negative	Positive	Not Checked
Elizabeth Street	722	645	65	12
Nubeena State	179	173	3	3
Strahan State	96	95	1	....
Gormanston State	58	52	6	....
Queenstown Convent	227	214	13	....
Queenstown South	191	178	11	2
Technical High, Queenstown	197	180	17	...
Central State and Retarded, Queenstown	498	479	19	....
Total	2,168	2,016	*135	17

* Twenty-four of the above positive reactors have previously had B.C.G. vaccination.

TABLE N10.

Mass X-ray.

Total number of miniature films	117,587
(*a*) Recalled for large films	1,951
(*b*) Technical faults	913

	Hobart	*Transportable*	*Mobile*	*R.H.H.*	*Total*	
Total number of micro films	38,660	23,527	46,078	9,322	117,587	
Total number of large films required	560	312	905	174	1,951	
Total number of large films taken	924	333	834	128	2,219	
(*a*) Normal	601	220	503	76	1,400	
(*b*) Abnormal	....	....	....	....	....	
(i) Probably tuberculosis	203	58	204	33	498	819
(ii) Probably non-tuberculosis	111	53	123	17	304	
(iii) Cardiac	9	2	4	2	17	
(*c*) Referred for further investigation to:—						
(i) Chest clinic	87	26	52	13	178	
(ii) Private practitioner	77	37	113	4	231	
Diagnosis made:—						
(*a*) Active tuberculosis—						
(i) Minimal	9	6	11	1	27	79
(ii) Moderately advanced	15	3	26	8	52	
(iii) Far advanced	...	....	....	..	....	
(*b*) In-active tuberculosis	86	18	38	3	145	
(*c*) Still under observation	82	21	111	6	220	

Other abnormalities discovered:—					
Pneumonitis non-tuberculous	11	1	3	3	18
Pneumothorax	....	....	....	....	....
Silicosis	....	....	10	....	10
Bronchiectasis	2	1	1	....	4
Bronchitis	3	....	1	....	4
Emphysema	3	1	3	2	9
Bronchial carcinoma	1	....	2	....	3
Secondary carcinoma	2	....	2	....	4
Sarcoidosis	....	1	3	....	4
Cystic Disease	1	2	6	....	9
Atelectasis	2	1	1	....	4
Hydatid	1	....	5	....	6
Diaphragmatic	1	3	2	....	6
Pleural thickening or adhesions	16	4	11	3	34
Thyroid	1	....	2	....	3
Fibrosis? Cause	10	10	11	6	37
Calcification? Cause	9	2	3	2	16

TABLE N11.

Statement showing the number of persons X-rayed on the Hobart, Mobile No. 1, Mobile No. 2, Launceston and Royal Hobart Hospital X-ray units from the date of commencement until 30th June, 1957.

	Hobart X-ray Unit	*Mobile No. 1 Unit*	*Mobile No. 2 Unit*
1945	11,955	....	....
1946	11,484	11,153	....
1947	10,970	22,597	....
1948	13,221	23,295	....
1949	17,916	20,978	....
1950	22,377	16,482	....
1951	41,476	36,783	....
1952	43,646	37,351	....
1953	42,404	43,015	....
1954	38,875	45,762	5,162
1955	36,158	42,337	3,132
1956	36,107	39,621	11,605
1957	38,660	40,710	5,368
	365,249	380,084	25,267

	Launceston X-ray Unit		*Royal Hobart Hospital Unit*
1951	1,592		....
1952	16,952	(As Transportable)	....
1952	3,716	(As Launceston)	....
1953	25,873		....
1954	22,071		3,359
1955	24,728		12,087
1956	23,224		8,903
1957	23,527		9,322
	141,683		33,671

Hobart Unit's Combined Totals.

1955	48,245
1956	45,010
1957	47,982

Total X-rayed Since Inception

Hobart	365,249
Mobile No. 1	380,084
Mobile No. 2	25,267
Launceston	141,683
R.H.H.	33,671
	945,954

Total X-rayed, 1956-57.

Hobart	38,660
Mobile No. 1	40,710
Mobile No. 2	5,368
Launceston	23,527
R.H.H.	9,322
	117,587

General.

Probably the most important and informative work of the Division during the year was the epidemiological survey on the west coast.

This area has been one in which the incidence of tuberculosis has given cause for concern, and it has been the policy of the Division for most of the six years just past to discover and segregate the infectious cases most zealously.

The vindication of such policy has been forthcoming in the figures for the mantoux testing of the school children of the area. These figures quoted elsewhere in this report have shown that the west coast is now in just as favourable position as elsewhere in the State.

The policy of discovering and segregating efficiently the infectious cases is so simply stated but at times so difficult to effect, but it is still the best—if not the only way—to eradicate tuberculosis and the substitution of any of the " frills " of an anti-tuberculosis campaign for this simple principle must lead to failure.

B.C.G. Vaccination.

In the past year this procedure has again been carried on in accordance with the advice of the National Tuberculosis Advisory Council.

Rehabilitation.

As in previous years the Rehabilitation Branch of the Commonwealth Social Services Department has been most helpful to the Division and the patients under its care in matters relating to rehabilitation.

Auxiliaries.

The work of the After-Care Association in conducting " Largo " after care hostel has again been of great value but the question of continuing this phase of the anti-tuberculosis campaign in view of the lesser number of patients requiring such accommodation is still giving cause for concern.

The special thanks of the patients and of the Division are offered to the Tasmanian Chest Hospital Auxiliary for the provision of a substantial portion of the funds needed to purchase a new projector for the recreation hall.

The improvement in frequency and quality of the picture programmes have been much appreciated by the patients.

Provisions of the Tuberculosis Act.

It has not been necessary to undertake any court actions under the above legislation during the year just completed.

Several consultations have been held with the Solicitor-General's Department but further action was not necessary.

Chronic Alcoholism.

The past year has not been free of trouble arising from this source but it is expected that legislation about to be presented to Parliament may minimise the problem.

Staff.

It was most gratifying to learn that Miss A. G. Luckie was included in the Queen's Birthday Honours List this year in appreciation of her work at the Tasmanian Chest Hospital from 1929-1955.

During the year Miss J. D. McKenna retired from her office of Supervisory Sister in the Chest Clinic Section of the Division.

Deep appreciation is expressed of her work in commencing the Chest Clinics in this State in 1937 and the untiring efforts she made in furthering the anti-tuberculosis campaign in the years which followed.

On 26th November, 1956, Dr. A. Lloyd Lyons was appointed Medical Superintendent, Northern Chest Hospital, and a welcome is extended to him.

The thanks of the Division to Dr. R. W. Henning for carrying on this work previously are recorded together with those due to the Director-General of Health Services for making it possible for Dr. Henning to perform these duties pending the appointment of Dr. Lyons.

Appreciation is expressed of the work of all officers in every Section of the Division during the year.

JAMES TREMAYNE, M.B. (Syd.), M.R.A.C.P.
Director of Tuberculosis.

Section IV.—Report of the Division of Mental Health for the Year ended 30th June, 1957.

Administration.

This Division of the Health Services Department has a large part of its administrative work done by the Department's head office. The administrative work carried out by the Division is largely in connection with the clinical services carried out by the Division, and in connection with the administration of the Mental Deficiency Act. These services are considerable and are expanding to meet the growing demand for the somewhat inadequate psychiatric service provided for the State.

The administrative and clerical staff position has been improved by the creation of the position of Administrative Officer, to which Mr. D. N. Keep has been appointed, and the appointment of Mr. R. Cretney to the position of Clerk. The main need now is a secretary to the professional Officers.

Mental Deficiency Board.

The Division continues to carry out the function of administering the Mental Deficiency Act under the direction of the Mental Deficiency Board. This involves an enormous amount of work, both administrative and clinical.

There are some 313 certified mental defectives under the Board's control. The officers of the Division who are also officers of the Board are continually under pressure from individual defectives, from their relatives and friends, and from others, to grant greater freedom to those under its care. In other cases, institutions will demand the removal of a defective because he or she is too troublesome to be handled by that institution. Decisions have to be made from day to day. These decisions are generally made by the Director of Mental Health (who is also Chairman of the Board) in consultation with the Board's Secretary or another Board Member, and are subsequently ratified by the Board. This practice imposes a very considerable responsibility and much work upon the officers concerned, who have to act in what they believe to be the best interests of each individual defective, after studying all the available information in each case, and knowing that in most cases they cannot please everyone and are bound to be criticized.

Under the Mental Deficiency Act, the Board and its officers are responsible directly to the Minister for Health, yet the administration of the Act and the implementation of the Board's decisions are carried out by officers of the Division of Mental Health who are responsible to the Director-General of Health Services.

This is an unsatisfactory state of affairs and is due to the fact that the Mental Deficiency Act is out of date in more ways than one. During the year a sub-committee of the Board reported its recommendations for modifying the present Mental Deficiency Act, but no decision has been reached pending receipt of the Report of the British Royal Commission on Mental Illness and Mental Deficiency.

The Board's professional officers in this Division are charged with the responsibility of examining suspected mental defectives who might be " subject to be dealt with " under the Act, of carrying out annual and triennial re-examinations of all certified feeble-minded persons and of visiting and reporting to the Board on all such every six months. A large proportion of the work of the three psychiatric social workers employed by the Division is in connection with the investigation of placements of, and with support given to, certified mental defectives.

Clinical Services.

The following clinical services are provided by the staff of the Division, in addition to those provided at the Lachlan Park and Millbrook Psychopathic Hospitals.

(*a*) *Service to Royal Hobart Hospital.*

The psychiatric service to the Royal Hobart Hospital is provided by the four permanent medical officers in the Division and by the psychiatric social workers. Psychological examinations are carried out as required by the psychologists.

(*b*) *State Psychological Clinic.*

This service is provided under the Mental Deficiency Act and originally was concerned only with the ascertainment of mental deficiency. But during the past ten years it has become more and more a general psychiatric clinic, employing the psychiatric team of psychiatrist, psychologist and psychiatric social worker. It was hoped that during the year a formal Child Guidance Clinic would be established, but this was not possible because the funds for the purchase of play equipment were deleted from the estimates. It is hoped that the Child Guidance Clinic will become a reality in the near future.

Cases of suspected mental deficiency are seen at the request of parents as well as when referred by other agencies. It is hoped that this will be possible too in the case of the Child Guidance

Clinic, but other psychiatric cases are not seen except when referred by a medical practitioner or a recognised social agency.

It will thus be seen that Hobart has two almost wholly independent psychiatric services, one provided by the hospital and the other by the clinic. At the hospital there is a waiting list, the time that one can give to any one patient is short, and there is little opportunity for collaboration with psychologist and psychiatric social worker or for psycho-therapy. At the clinic the whole psychiatric team is on the spot and more time is available for investigation and therapy. The records of the two services are quite separate.

Hospital patients who are in need of additional investigation and treatment are often referred to the clinic. Many cases who should be attending the hospital out-patients section are referred direct to the clinic by private medical practitioners in order to by-pass the short waiting list at the hospital or to avoid the objection of some of their patients to attending a public hospital out-patient department.

This situation is most unsatisfactory and can only be overcome by the integration of the two services. This could be done by the establishment of a psychiatric centre which would house both the Division of Mental Health and all psychiatric services for Hobart, both in-patient and out-patient. Such a centre would need to be adjacent to the Royal Hobart Hospital.

(*c*) *Services Outside Hobart.*

Pending the arrival of a psychiatrist at the Launceston General Hospital, the Division's psychiatrist (Dr. D. W. Moynagh) has been visiting that hospital for two days each fortnight and has been visiting other districts in the State when necessary.

The psychologists and psychiatric social workers spend a large part of their time travelling to other centres, both urban and rural, providing a State-wide service to mental defectives and psychiatric patients. A considerable amount of work is done for the Lachlan Park Hospital, Millbrook Rise, Ashley Home for Boys and Wybra Home for Boys.

Court Referrals.

This work is mainly confined to Hobart. As will be seen from the appended tables, sixty-nine cases were referred from the courts, the police or the gaol.

Accommodation.

The year began with an almost impossible state of affairs; the hallway was used as an office, professional officers were sharing rooms and there was no waiting room. This state of affairs was rectified when the Town and Country Planning Commission moved and the Division was able to use the whole top floor of the present building. But with the increase of the Division's staff during the year we are again in the position of not having an adequate number of rooms.

Plans have been approved for the transfer of the Division to new offices being constructed in the Public Buildings, Davey Street, in space formerly occupied by the Government Printer's Department.

Personnel.

Three appointments have been made to the staff during the year viz.: Dr. D. W. Moynagh (psychiatrist), Mrs. J. A. M. King (psychiatric social worker) and Mr. R. J. Cretney (clerk).

Mr. B. Freeman resigned to continue his university studies.

Mr. D. Keep was promoted to Administrative Officer, Miss B. Hunt to Senior Stenographer and Miss J. Waddington from the temporary to the permanent staff.

Miss L. J. Martin (Senior Psychologist) has been absent for nine months on leave without pay to further her studies at the University of California, Berkeley, U.S.A. and in Great Britain. This has left us with only one psychologist to do the whole of the psychological work for the Division.

It has not been possible to fill the vacant third position of psychologist.

The Director of Mental Health has, because of the assistance provided by Dr. Moynagh, been able to give more time and thought to planning and administration.

It is obvious, however, that if the present professional staff were trebled they would still be overworked. Whether the service provided should be expanded is a matter for Government policy, the relative priority of other commitments, available finance &c., and as such is not a proper matter for me to comment on.

But the demand for the service is certainly there, and just as certainly it will grow.

Statistical Tables.

The appended tables speak for themselves. I am quite astonished that such a small staff has been able to do so much. But no doubt the quality of the work done has suffered because of the large number of cases seen.

However it has been the policy of the Division to give help where it can to all people needing help, rather than to maintain the highest standards of treatment at the expense of the number accepted for treatment. This policy undoubtedly puts a greater stress on the staff, many of whom work long hours of overtime without remuneration in order to keep abreast of the work offering.

Report on Overseas Visit.

During the year the Director's report on his visit to the United Kingdom, the Continent and the U.S.A. was published and widely circulated.

In it a number of basic recommendations were made which are, I believe, absolutely essential to the provision of a competent and adequate service to those suffering from mental illnesses and nervous disorders.

The present Annual Report does not detail these recommendations again but refers you to that publication.

Lachlan Park Hospital and Millbrook Psychopathic Hospital.

The reports of the Medical Superintendent of these hospitals are attached, together with relevant statistical tables. The progress with new buildings at the Lachlan Park Hospital is most gratifying.

J. R. V. FOXTON, M.B.B.S.

Director of Mental Health.

Annual Statistics Division of Mental Health 1956-57.

TABLE 01.

State Psychological Clinic.

Psychological Examinations and Therapeutic Sessions.

Place	*Number of Attendances*
Hobart	639
Launceston	66
Devon Hospital	10
Spencer Hospital	3
Burnie Hospital	14
Lachlan Park Hospital	5
Millbrook Rise	6
Ashley Home for Boys	52
Wybra Hall	69
Others	13
	877
Psychiatric examinations and therapeutic sessions	475
Total attendances	1,352

TABLE 02.

State Psychological Clinic.

New Cases Only.

	Male	*Female*	*Total*
Psychological examinations*	108	60	168
Psychiatric examinations*	91	54	145
Total new cases seen	....	....	313
Included in the above are—			
Referrals by Gaol, Court, Police, &c	52	17	69
Referrals by Ashley and Wybra	17	....	17
Ascertained certifiable M.D. Act	8	11	19

* The above figures refer to the primary examination only. Many cases were seen first by a psychologist and later by a psychiatrist.

TABLE 03.

Mental Deficiency Board.

Showing number of certified mental defectives under the control of the Board and how they are placed.

	Male	*Female*	*Total*
Government institutions for defectives	104	60	164
Other institutions	1	55	56
In the community—			
(*a*) Under guardianship	52	34	86
(*b*) Under supervision	4	3	7
Total under care	161	152	313

TABLE 04.

Out-Patient Department Psychiatric Clinics.

Royal Hobart Hospital:	*No. of Attendances*
Dr. Foxton	394
Dr. Williams	447
Dr. Moynagh (January to June)	100
Dr. Anderson (June only)	12
Launceston General Hospital:	
Dr. Moynagh (January to June)	176
Total	1,129

TABLE 05.

Psychiatric Social Work Department, 1st July, 1956 to 30th June, 1957.

Number of cases on which work undertaken	424
Number of homes visited	223
Number of patients visited in institutions	17
Number of home visits	422
Number of other visits in connection with cases	186
Number of office interviews with patients, relatives and others	530
Number of other interviews, casework contacts, &c., with patients, relatives and others	755
Number of cases on which contact was made with outside agencies, individuals &c.	191
Number of cases on which one or more relatives interviewed	233
Number of visits paid, interviews conducted, &c., outside of Hobart	443
Number of visits to Lachlan Park and Millbrook Rise	16
Number of clinics attended at Royal Hobart Hospital	52

P. LOCKLEY,

Senior Psychiatric Social Worker.

APPENDIX XII.

REPORT OF LACHLAN PARK HOSPITAL FOR THE YEAR ENDED 30th JUNE, 1957.

General.

The population of Tasmania has increased by 7,947 over the past 12 months. The number of certified insane people per thousand population has been reduced by .075 per thousand. This does not include those on trial leave from hospital, which figure has been reduced by .085 per 10,000 of the population.

The number of alcoholics admitted to hospital has increased to a marked extent (see Table 4). In 1955-56 the number of alcoholic psychotics was 26; in 1956-57 the number has increased to 42.

It will be noted also that there is a slight increase in Government revenue from the sale of intoxicating liquors. This may be a factor in the increase in the number of alcoholics. On the other hand, diagnosis must also bear a prominent part.

I attribute this slight decrease in the population of the hospital as being possibly due to the use of Largactil, Rauwiloid, Pacatal, Miltown, and other tranquillising drugs. For example, one of our female wards, which in the past was considered to be very refractory and whose inmates were difficult to handle, has now become greatly subdued and the patients are allowed a much greater degree of freedom than was possible formerly.

It must also be borne in mind, however, in considering this slight reduction in the numbers of inmates in the hospital, that out-patient clinics have been stepped up in Hobart and, to a minor degree, in New Norfolk.

We have had no major epidemics of disease in the hospital over the past year, which would appear to justify the withdrawal of vitamin C tablets as a routine to patients as has, I understand, been the practice in the past. It would also appear that the food served to the patients is sufficient in vitamin constituents for the maintenance of bodily fitness.

General Maintenance Costs.

The nett cost per head per day in 1953 was 19s 10.89d. as compared with 25s. 8.66d. on the 30th June, 1957. This latter figure must be somewhat increased in the next financial year by virtue of the fact that we have now appointed a catering officer to be in charge of all foodstuffs and the cooking thereof throughout the institution. I feel, however, that his appointment will eventually result in a saving to the hospital by reasons of economy, adequate accountancy, supervision of staff, &c.

Buildings.

We have now fully occupied the new boiler house, kitchen, laundry, and one Infirmary block. The second Infirmary block will be ready for occupation in the very near future. Five further wards are at present under construction and work is proceeding rapidly in this respect.

We have had some initial difficulties in maintaining steam in the new boiler house, but we hope these will very soon be completely ironed out and the whole organisation working smoothly.

Telephones.

We are still awaiting the installation of the new P.A.B.X. system which I originally understood was to be installed in June of this year.

The Pharmacy.

Owing to the fact that we did not have a regular pharmacist over the past six months or so we are not in a position to give facts and figures in relation to expenditure of drugs. It would appear, however, that costs are rising in this respect as more and more people are put on tranquillising drugs. This however, is not altogether to the detriment of the hospital, as it would

appear on the surface that these tranquillising drugs are responsible to some extent at least for an earlier discharge of patients from hospital than before.

Hospital Farm.

A new dairy has been installed at Turiff Lodge and is at present working satisfactorily. This ensures a much more hygienic form of milking than was formerly the case.

Produce from the farm continues to be plentiful. We hope to be able to dispose of some of our surplus products over the next financial year.

Medical Staff.

The essence of running a mental institution lies in a sufficient number of medical officers available for treatment of patients. We have too many middle aged and elderly people sitting idly around the wards unemployed. The introduction of group therapy is, I believe, of fundamental importance. We need at least eight fully qualified and experienced medical officers to handle this work. At present we have a total, including myself, of four, which number is virtually reduced to three or even two when sick leave, recreational leave and my own administrative duties are taken into consideration.

Office Staff.

The volume of correspondence concerning patients, hospital policy, &c., increases as year succeeds year. At present our office staff is not capable of dealing with the volume of work which is pouring in each day. We have three key men in the office who, I feel, are bearing the brunt of the whole organisation. I understand that the hospital secretary has taken this matter up with the Director-General of Health Services who, I understand, is sympathetic and hopes to be able to provide additional help.

Laundry.

The laundry is at present turning out in the region of 12 tons of dry laundry per week. This will be increased as time goes on. Application has been made for the appointment of a laundry manager to be in charge of the laundry and all washable items throughout the hospital. We hope that this application will receive favourable consideration.

Staff.

It is imperative that we have at least eight fully qualified appointees to the female nursing staff as soon as possible. On a tour through the Female Division on any particular day one would be very surprised to find more than two fully trained staff members on duty. The remainder are junior, un-trained nurses. I would like to point out here, however, that these juniors are doing a magnificent job of work although lack of experience and qualifications limit their usefulness in regard to treatment.

The male side is not so badly off for staff. There, we have 37 fully trained male nurses and also 3 who have passed their third year hospital examination but have not yet passed in Hobart. The balance consists of those who are either in the process of passing their examinations or through age are not compelled to do so.

Artisan Staff.

There has been no increase in the ground staff of the hospital since the new hospital site was taken over. We have four groundsmen trying to cover at least double the acreage that they formerly were required to cover. In association with repairing roads, &c., this gives them a well-nigh impossible task if the appearance of the hospital is to be kept up. When the new hospital is finally completed the acreage will be four times as great as what it originally was, and consequently more staff, that is ground staff, will be an essential.

General.

A survey has been carried out by members of the Chief Architect's Department to determine which part of the old buildings should be demolished and which part should not. As a result of this survey it would appear that practically all of the very old part of the hospital would be demolished and if that were so then ample space would be left for the provision of a retarded children's school with surrounding grounds completely separated from the rest of the hospital. This, however, is very much of the future.

In conclusion, I would like to thank the Repatriation Department, the Red Cross Society and the Hospital Auxiliary, with a special reference to the Lachlan Park Hospital Auxiliary which has done so much for us over the past year.

D. M. ANDERSON,
Medical Superintendent.

TABLE P1.

Table Showing Admissions, Re-Admissions, Discharges and Deaths during the Year 1956-57.

	Males	Females	Total	Males	Females	Total
In Hospital on 30th June, 1956	..	..	..	378	388	766
Admitted for first time	96	82	178	..	..	..
Re-admitted	53	39	92	..	..	..
Returned from Trial Leave	44	78	122	..	..	..
Total Admitted and Returned	..	..	..	193	199	392
Total under care during Year	..	..	..	571	587	1,158
Discharged from Hospital	85	46	131	..	..	..
Proceeded on Trial Leave	76	117	193	..	..	..
Died	39	42	81	..	..	..
Escaped	2	..	2	..	..	..
Total off Records	..	..	..	202	205	407
Remaining in Hospital on 30/6/57	..	..	..	369	382	751

TABLE P2.

Table Showing Numbers of Patients on, Returning from, and Discharged from Trial Leave during the Year 1956-57.

	Males	Females	Total	Males	Females	Total
On Trial Leave on 30th June, 1956	..	..	..	81	82	163
Proceeding on Trial Leave during Year	..	..	..	76	117	193
Total on Trial Leave during Year	..	..	..	157	199	356
Returned to Hospital from Trial Leave during Year	44	78	122	..	..	..
Discharged from Trial Leave during Year	49	41	90	..	..	..
Died whilst on Trial Leave during Year	7	1	8	..	..	..
Total Loss	..	..	..	100	120	220
Remaining on Trial Leave on 30/6/57	..	..	..	57	79	136

TABLE P3.

Table Showing Manner in which Patients were Admitted During the Year 1956-57.

How Admitted	Males	Females	Total
Private Order	49	56	105
Justice's Order	5	4	9
Magistrate's Order	8	2	10
Voluntary Boarders	81	56	137
Governor's Warrant	2	..	2
Section 13—Mental Hospitals Act	1	2	3
Section 15—Mental Hospitals Act	..	1	1
Inebriate Hospitals Act	3	..	3
Returned from Trial Leave	44	78	122
Total Admissions and Returns 1956/57	193	199	392
First Admission	96	82	178
Second Admission	27	19	46
Third Admission	6	7	13
Fourth Admission	3	5	8
Fifth Admission and Over	17	8	25
Returned from Trial Leave	44	78	122
	193	199	392

TABLE P4.

Table Showing Form of Mental Disorder on Admission During 1956-57, *and the Form of Mental Disorder of Patients in Hospital on 30th June,* 1957.

Form of Mental Disorder	Admissions			Remaining in hospital		
	Males	Females	Total	Males	Females	Total
A. Congenital Mental Deficiency						
1. With Epilepsy	..	6	6	25	36	61
2. Without Epilepsy	8	7	15	102	108	210
3. With Schizophrenia	2	2	4	28	14	42
B. Dementias						
1. Senile	12	21	33	15	29	44
2. Pre-Senile	..	..	..	5	2	7
3. Secondary or Terminal	1	1	2	7	5	12
4. Arteriosclerosis	..	2	2	..	1	1
C. Organic Psychosis						
1. Gross Brain Lesion	..	..	..	..	..	..
2. Dementia Paralytica	..	..	..	4	1	5
3. Epileptic Psychosis	9	2	11	9	12	21
4. Alcoholic Psychosis	42	6	48	13	2	15
5. Toxic, Confusional or Exhaustive Psychosis	10	9	19	3	8	11
6. Parkinsonism	..	1	1	1	1	2
7. Huntington's Chorea	2	..	2	2	1	3
D. Psychogenic Psychosis						
1. Manic Depressive Psychosis	9	14	23	15	17	32
2. Involutional Melancholia	3	8	11	3	7	10
3. Schizophrenia (not including *A.* 3)	22	16	38	94	75	169
4. Paraphrenia and Paranoid States	3	3	6	28	50	78
5. Paranoia	2	1	3	8	2	10
6. Recurrent Melancholia	15	13	28	4	8	12
E. Psycho-Neurosis						
1. Psychopathic Personality	2	1	3	1	3	4
2. Anxiety States	7	5	12	1	..	1
3. Hysteria	..	3	3	1	..	1
Totals	149	121	270	369	382	751

TABLE P5.

Table Showing Admissions and Re-Admissions, Discharges, Deaths, and the Number of Patients Remaining in Hospital on 30th June, for each of the last 10 years.

Year	*Admissions and Re-Admissions			Discharges*												Discharged from Trial Leave			Deaths, including Deaths on Trial Leave			Remaining in Hospital on 30th June		
				Recovered			Improved			Unimproved			Total											
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
†1947–48 ..	62	74	136	6	..	6	6	3	9	3	2	5	15	5	20	17	27	44	29	30	59	300	348	648
†1948–49 ..	77	87	164	4	2	6	3	2	5	4	4	8	11	8	19	22	31	53	30	36	66	306	356	662
1949–50 ..	75	88	163	17	19	36	9	9	18	3	1	4	29	29	58	..	..	..	17	36	53	321	365	686
1950–51 ..	77	113	190	19	21	40	27	14	41	6	6	12	52	41	93	..	..	..	29	43	72	315	367	682
†1951–52 ..	94	101	195	3	1	4	8	5	13	4	4	8	15	10	25	17	31	48	25	18	43	317	393	710
†1952–53 ..	91	107	198	3	1	4	12	6	18	3	2	5	18	9	27	33	21	54	34	39	73	343	407	750
†1953–54 ..	129	102	231	3	1	4	37	11	48	4	2	6	44	16	60	38	54	92	27	48	75	363	408	771
†1954–55 ..	124	101	225	12	5	17	15	10	25	11	4	15	38	19	57	31	35	66	32	41	73	353	407	760
†1955–56 ..	124	100	224	29	19	48	23	9	32	7	1	8	59	29	88	24	45	69	16	41	57	378	388	766
†1956–57 ..	149	121	270	16	11	27	63	33	96	6	2	8	85	46	131	49	41	90	46	43	89	369	382	751

* Figures for 1949–50 and 1950–51 include patients admitted from and discharged on Trial Leave.
† Discharges from Hospital and from Trial Leave recorded separately.

TABLE P6.

Table showing the Number of Admissions, Discharges and Deaths for the Year 1956-57; *the Percentages of Recoveries to New Admissions; the Average Daily Number Resident during the Year; and the Percentage of Deaths to the Average Daily Number Resident.*

(Patients discharged from Trial Leave are classed as recovered.)

Admissions									Discharges										Deaths, not including Deaths whilst on Trial Leave		
First Admission			Treated Before			Total New Admissions			Recovered			Improved			Not Improved			Total					
Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
96	82	178	53	39	92	149	121	270	65	52	117	63	33	96	6	2	8	134	87	221	39	42	81

Recoveries per cent of Total New Admissions			Total Discharges per cent of New Admissions			Average Daily Number Resident			Percentage of Deaths to Average Daily Number Resident		
Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
43.62	42.98	43.33	89.32	71.90	81.85	371.21	381.20	752.41	10.50	11.01	10.76

TABLE P7.

Table Showing in Quinquennial periods the Ages of Patients Admitted to and Discharged from the Provisions of the Mental Hospitals Act and of those that Died, during the Year 1956-57.

Ages	New Admissions			Discharged from the Provisions of the Mental Hospitals Act												Deaths		
				Recovered			Improved			Unimproved			Total					
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
Under 5 years	..	5	5	..	1	1	..	1	1	..	..	..	..	2	2	..	1	1
5 years and under 10 years	2	3	5	..	..	..	2	..	2	..	..	..	2	..	2	..	..	..
10 years and under 15 years	3	1	4	1	..	1	1	1	2	..	..	..	2	1	3	1	..	1
15 years and under 20 years	4	..	4	1	..	1	1	..	1	1	..	1	3	..	3	1	..	1
20 years and under 25 years	5	4	9	4	5	9	..	1	1	..	..	..	4	6	10	1	..	1
25 years and under 30 years	16	8	24	6	3	9	5	1	6	..	..	..	11	4	15	1	..	1
30 years and under 35 years	18	13	31	9	10	19	9	3	12	..	..	..	18	13	31	..	..	..
35 years and under 40 years	13	14	27	5	12	17	8	5	13	1	1	2	14	18	32	..	..	..
40 years and under 45 years	19	13	32	9	5	14	14	7	21	..	..	..	23	12	35	..	..	..
45 years and under 50 years	12	11	23	5	3	8	7	6	13	..	..	..	12	9	21	1	2	3
50 years and under 55 years	15	6	21	7	6	13	6	2	8	2	..	2	15	8	23	5	1	6
55 years and under 60 years	11	8	19	4	3	7	7	2	9	2	..	2	13	5	18	1	2	3
60 years and under 65 years	7	3	10	4	2	6	2	..	2	..	..	..	6	2	8	1	2	3
65 years and under 70 years	2	5	7	1	1	2	..	1	1	..	..	..	1	2	3	4	7	11
70 years and under 75 years	8	9	17	4	..	4	1	..	1	..	..	..	5	..	5	7	5	12
75 years and under 80 years	6	14	20	1	..	1	..	3	3	..	1	1	1	4	5	10	10	20
80 years and under 85 years	5	3	8	..	..	..	..	..	..	..	..	..	..	..	..	6	9	15
85 years and under 90 years	..	1	1	1	1	2	..	..	..	..	..	..	1	1	2	..	2	2
90 years and under 95 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
95 years and under 100 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	146	121	267	62	52	114	63	33	96	6	2	8	131	87	218	39	42	81

TABLE P8.

Table Showing the Causes of Deaths (including Deaths on Trial Leave) during the Year 1956-57.

Cause of Death	Males	Females	Total	Children under age of 16 years			Grand Total
				Males	Females	Total	
Acute Nephritis	1	..	1	..	..	..	1
Arteriosclerosis	2	1	3	..	..	..	3
Auricular Fibrillation	..	1	1	..	..	..	1
Bronchial Asthma	..	1	1	..	..	..	1
Cerebral Agenesis	..	..	..	1	1	2	2
Cerebral Haemorrhage	2	2	4	..	..	..	4
Cerebral Thrombosis	6	14	20	..	..	..	20
Coma	..	1	1	..	..	..	1
Coronary Occlusion	4	1	5	..	..	..	5
Dementia	..	1	1	..	..	..	1
Gangrene of the Feet and Legs	2	..	2	..	..	..	2
General Paralysis	1	..	1	..	..	..	1
Hypostatic Pneumonia	3	3	6	..	..	..	6
Myocardial Degeneration	8	13	21	..	..	..	21
Pulmonary Fibrosis	..	1	1	..	..	..	1
Pulmonary Tuberculosis	1	..	1	..	..	..	1
Scald of the Feet	1	..	1	..	..	..	1
Senility	5	2	7	..	..	..	7
Strangulation by Hanging	1	..	1	..	..	..	1
A little uncertain but consistent with Chronic Bronchitis in a Mongoloid Child	..	..	..	1	..	1	1
Died whilst on Trial Leave (Cause of death unknown)	7	1	8	..	..	..	8
	44	42	86	2	1	3	89

TABLE P9.

Statistical Record.

	Males	Females	Total
Population of Tasmania as at 30/3/57	169,181	159,514	328,695
Proportion of Certified Insane per 1,000 of population (including patients on Trial Leave)	2.367	2.724	2.541
Proportion of Admissions of Certified Insane per 10,000 of population (not including patients returned from Trial Leave)	4.000	4.062	4.030
NOTE—Admissions, not including Voluntary Boarders	68	65	133

TABLE P10.

Financial Statement.

	Year Ended				
	30/6/53	30/6/54	30/6/55	30/6/56	30/6/57
Average Daily Number of Patients	737.58	770.09	767.39	756.74	752.41
Gross Cost for Year	£281,902	£296,015	313,992	£332,154	£360,371
Fees Received	£13,406	£13,428	£18,397	£9,214	£6,972
Other Revenue	£520	£835	£620	£620	£697
Gross Cost per Head per Day	20*s.* 11.31*d.*	21*s.* 0.75*d.*	22*s.* 5.04*d.*	23*s.* 11.82*d.*	26*s.* 2.92*d.*
Nett Cost per Head per Day	19*s.* 10.89*d.*	20*s.* 0.57*d.*	21*s.* 0.72*d.*	23*s.* 3.30*d.*	25*s.* 8.66*d.*

APPENDIX XIII.

REPORT OF MILLBROOK PSYCHOPATHIC HOME FOR THE YEAR ENDED 30th JUNE, 1957.

There has been a very slight decrease in the average daily number of patients at this home in the year 1956-57, as compared with the year 1955-56, but the fall is practically insignificant as will be seen from Table 12.

The gross cost for the year has fallen by approximately £1,000 which I do not think bears any relationship to the very slight reduction in the number of patients and I can only conclude that the home is being run at a very efficient level. The nett cost per head per day has been reduced by approximately 10s. This again I attribute to a more efficient running of the home.

Water Supply.

This is still far from satisfactory, and the opinion of a hydraulics engineer I feel to be an essential before anything further is done in the way of increasing the supply to Millbrook Rise.

Nurses' Home.

During the past year a modern up-to-date nurses' home has been erected and is now being occupied by nurses and sisters on the staff of the home.

Patients.

As in former years, the most prevalent complaints treated at Millbrook Rise have been those of anxiety state, melancholia and schizophrenia or schizoid states. There has been a very little rise in the incidence of alcoholics or alcoholic psychotics treated at Millbrook. I might mention here, however, that Millbrook is not designed for the reception and treatment of such patients and they are almost always treated at Lachlan Park Hospital if hospitalisation is required.

During the year 197 patients were admitted as opposed to a total of 174 for the previous year. This is not considered to be a great increase in numerical strength.

General.

There are one or two improvements which will be required to be carried out some time in the current financial year in the way of maintenance of the drive, installation of a suitable water system, and so on, but we hope that this will present no undue difficulty.

In conclusion, I would like to thank the Red Cross Society for its constant interest in Millbrook Rise, especially in relation to repatriation patients.

D. M. ANDERSON,
Medical Superintendent.

TABLE P11.

MILLBROOK PSYCHOPATHIC HOME.

Statement showing form of Mental Disorder on Admission for Year ended 30th June, 1957.

Diagnosis	Males	Females	Total
Anxiety state	14	31	45
Melancholia and depressive states	14	28	42
Hysteria	1	16	17
Schizophrenia and schizoid states	20	26	46
Paraphrenia and paranoid states	7	5	12
Manic depressive psychosis	1	4	5
Alcoholism	5	3	8
Obsessional states	1	....	1
Toxic psychosis	....	....	....
Senile and presenile dementias	3	2	5
Gross brain lesion	2	4	6
C.M.D.	2	....	2
Psychopath	3	5	8
Total admissions during year	73	124	197

TABLE P12.

MILLBROOK PSYCHOPATHIC HOME.

Financial Statement.

	YEAR ENDED—				
	30.6.53	30.6.54	30.6.55	30.6.56	30.6.57.
Average daily number of patients	26.98	21.79	18.75	21.81	20.21
Gross cost for year	£21,335	£23,134	£25,631	£26,298	£25,237
Fees received	£7,272	£10,988	£8,310	£9,874	£13,740
Other revenue	....	....	....	....	....
Gross cost per head per day	43s. 4.10d.	58s. 2.03d.	74s. 10.8d.	65s. 10.82d.	68s. 4.60d.
Nett cost per head per day	28s. 6.83d.	30s. 6.49d.	50s. 7.44d.	41s 1.89d.	31s. 1.48d.

Section V.—Vital Statistics Supplied by Deputy Commonwealth Statistician

Statistical and General.

Population: Estimated on 31st December, 1956—	
Males	171,151
Females	161,659
Mean population—year ended 31st December, 1956—	
Males	165,108
Females	157,108
Total	322,216

Australian Birth-rates per 1000 *of Mean Population.*

	1954	1955	1956
Tasmania	24.97	25.59	25.15
New South Wales	21.33	21.31	21.29
Victoria	22.28	22.30	22.42
Queensland	23.74	24.16	23.72
South Australia	22.89	22.55	22.35
Western Australia	24.88	25.23	24.98
Northern Territory	31.64	30.22	31.07
Australian Capital Territory	28.21	26.56	31.04
Australia	22.50	22.57	22.50

Causes of Death, 1955.

Tuberculosis	32
Syphilis	9
Diphtheria	....
Whooping cough	1
Poliomyelitis	6
Measles	....
Malignant neoplasms	376
Other tumours	11
Diabetes	43
Tetanus	2
Other general diseases	66
Total	546

Local Diseases.

Diseases of the nervous system and sense organs	329
Diseases of the circulatory system	919
Diseases of the respiratory system	176
Diseases of the digestive system	76
Diseases of the genito-urinary system	66
Diseases of puerperal origin	3
Diseases of the skin and cellular tissues	4
Diseases of bones and organs of movement	14
Total	1,590
Congenital malformations	46
Diseases of early infancy	98
Senility	24
Ill-defined conditions	2
Accidents	182
Homicide	2
Suicide	23
Total	377
Grand Total	2,513

L. G. Shea, Government Printer, Tasmania.